

Tab 1	SB 466 by Torres (CO-INTRODUCERS) Wright, Book, Taddeo, Stewart, Jones, Cruz, Rouson, Gibson, Powell, Ausley, Bracy, Burgess, Harrell; (Identical to H 00131) Military Medics and Corpsmen of Florida Program					
521082	D	S	RCS	HP, Torres	Delete everything after	01/13 12:19 PM
Tab 2	SB 538 by Hooper; (Identical to H 00255) Private Instructional Personnel Providing Applied Behavior Analysis Services					
Tab 3	SB 890 by Burgess; (Similar to H 00593) Telecommunicator Cardiopulmonary Resuscitation					
Tab 4	SB 806 by Perry (CO-INTRODUCERS) Stewart; (Similar to H 00475) Alzheimer's Disease and Dementia-related Disorders Awareness					
Tab 5	SB 988 by Garcia (CO-INTRODUCERS) Berman, Rodriguez, Perry; (Compare to H 00987) Patient Visitation Rights					
870518	A	S	RCS	HP, Garcia	Delete L.68 - 74:	01/13 12:19 PM
Tab 6	SB 926 by Albritton; (Similar to H 00517) Licensure Examinations for Dental Practitioners					
703644	A	S	RCS	HP, Albritton	Delete L.41 - 118:	01/13 12:18 PM

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Diaz, Chair
Senator Brodeur, Vice Chair

MEETING DATE: Thursday, January 13, 2022

TIME: 11:00 a.m.—1:00 p.m.

PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Diaz, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Baxley, Bean, Book, Cruz, Garcia, Jones, and Powell

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 466 Torres (Identical H 131)	Military Medics and Corpsmen of Florida Program; Requiring the Department of Veterans' Affairs and the Department of Health to establish and administer the program; providing for eligibility; authorizing medically trained veterans participating in the program to perform certain medical activities under specified supervision, etc. HP 01/13/2022 Fav/CS MS AP	Fav/CS Yeas 7 Nays 0
2	SB 538 Hooper (Identical H 255)	Private Instructional Personnel Providing Applied Behavior Analysis Services; Revising the definition of the term "private instructional personnel" to include certain registered behavior technicians, etc. ED 11/30/2021 Favorable HP 01/13/2022 Favorable RC	Favorable Yeas 7 Nays 0
3	SB 890 Burgess (Similar H 593)	Telecommunicator Cardiopulmonary Resuscitation; Requiring certain 911 public safety telecommunicators to receive ongoing telecommunicator cardiopulmonary resuscitation training; authorizing public safety agencies and certain other agencies to enter into reciprocal agreements to provide telecommunicator cardiopulmonary resuscitation under certain circumstances; providing requirements for certain employees who answer emergency medical service calls, etc. HP 01/13/2022 Favorable AHS AP	Favorable Yeas 7 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Thursday, January 13, 2022, 11:00 a.m.—1:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 806 Perry (Similar H 475)	Alzheimer's Disease and Dementia-related Disorders Awareness; Creating the "Ramping up Education of Alzheimer's Disease and Dementia for You (READY) Act"; requiring the Department of Health, in collaboration with the Department of Elderly Affairs and the Alzheimer's Association, to develop and disseminate information relating to Alzheimer's disease and dementia-related disorders to certain health care practitioners for a specified purpose; requiring the department to encourage health care providers to display the information in their facilities and discuss specified information with patients 60 years of age or older; authorizing the department to fund certain mobile and virtual outreach programs under certain circumstances, etc. HP 01/13/2022 Favorable AHS AP	Favorable Yeas 7 Nays 0
5	SB 988 Garcia (Compare H 987, S 1724)	Patient Visitation Rights; Citing this act as the "No Patient Left Alone Act"; requiring providers to allow clients to receive visitors during their admission; requiring providers to develop certain alternative visitation protocols if providers have to restrict public access to their facilities for health or safety concerns; authorizing providers to require visitors to adhere to specified infection control protocols; authorizing providers to refuse visitation to a visitor who does not pass a health screening or refuses to comply with the provider's infection control protocols; requiring providers to submit their visitation policies to the Agency for Health Care Administration by a specified date for approval, etc. HP 01/13/2022 Fav/CS AHS AP	Fav/CS Yeas 7 Nays 0
6	SB 926 Albritton (Similar H 517, Compare H 997, S 1444)	Licensure Examinations for Dental Practitioners; Revising licensure examination requirements for dentists to require applicants to demonstrate certain clinical skills on a manikin rather than a live patient; revising requirements for regional licensure examinations offered by dental schools to dental students; revising licensure examination requirements for dental hygienists to require applicants to demonstrate certain clinical skills on a manikin rather than a live patient; deleting a requirement that applicants for dental practitioner licensure examinations maintain medical malpractice insurance to cover any incident of harm to a patient during the clinical examination, etc. HP 01/13/2022 Fav/CS BI RC	Fav/CS Yeas 7 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Thursday, January 13, 2022, 11:00 a.m.—1:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
	Other Related Meeting Documents		

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 466

INTRODUCER: Senator Torres and others

SUBJECT: Military Medics and Corpsmen of Florida Program

DATE: January 17, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	_____	_____	MS	_____
3.	_____	_____	AP	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 466 authorizes the Department of Health (DOH) to establish and administer the Military Medics and Corpsmen of Florida (MMACOF) program, which is created under the bill, in collaboration with Florida Is For Veterans, Inc. (FIFV). The program is designed to assist veterans and their spouses in finding pathways toward clinical, leadership, and nonclinical careers in health care or health care-related fields in Florida.

The MMACOF program requires the FIFV to recruit and review the military eligibility of veterans and their spouses and to assist military-trained health care veterans (MTHCV) in applying for the MMACOF Health Care Certification program for the purpose of assisting MTHCVs obtain employment with participating health care providers, maintain medical skills, address the shortage of health care professionals in this state, and work toward obtaining appropriate health care registration, certification, or licensure.

Under the program the DOH is responsible for issuing MMACOF Health Care Certificates to MTHCVs with specific clinical skills, as determined by the Board of Medicine (BOM) to practice without a license under direct supervision of an appropriately licensed or certified health care practitioner.

The MMACOF program also assists veterans and their spouses, who do not meet the definition of a MTHCV, but who have served in health care-related fields, to receive assistance from the

program in résumé writing, mentorship, and obtaining employment with participating health care providers. For veterans and their spouses who have gained management experience, or completed an advanced degree, the MMACOF program is charged with helping them find civilian health care leadership and management employment in a variety of health care disciplines.

The bill provides an effective date of July 1, 2022.

II. Present Situation:

Florida Department of Veterans' Affairs (FDVA)

The Legislature created the FDVA to assist all former, present, and future members of the U.S. Armed Forces and their dependents in preparing claims for and securing compensation, hospitalization, career training, and other benefits or privileges to which they are, or may become, entitled to under federal or state law by reason of their service in the U.S. Armed Forces. All services rendered under the FDVA must be without charge to the claimant.¹ More than 1.5 million veterans currently live in Florida, making the state's veteran population the third largest nationally.²

Florida Is For Veterans, Inc., (FIFV)

Section 295.21, F.S., created "Florida Is For Veterans, Inc.," within the FDVA as a nonprofit corporation that is registered, incorporated, organized, and operated under ch. 617, F.S.; and is not part of state government. FIFV is a separate budget entity and is not subject to the control of the FDVA.

The purpose of FIFV is to promote Florida as a veteran-friendly state that seeks to provide veterans with employment opportunities and promotes the hiring of veterans by the business community. FIFV encourages retired and recently separated military personnel to remain in the state or to make Florida their permanent residence. FIFV's mission is to promote the value of military skill sets to businesses, assist in tailoring the training of veterans to match the needs of the state employment marketplace, and enhance the entrepreneurial skills of veterans.

All agencies of the state are authorized and directed to provide technical assistance to FIFV as it may require and to identify programs within each agency to provide assistance or benefits to veterans who are located in Florida or are considering relocation to the state. The FDVA may authorize the FIFV to use of the FDVA property, facilities, and personnel services and may prescribe, by contract, any condition with which FIFV must comply in order to use the FDVA property, facilities, or personnel services.³

¹ Section 292.05(1), F.S.

² Florida Department of Veterans' Affairs, *Our Veterans*, available at <http://floridavets.org/our-veterans/> (last visited Dec. 8, 2021).

³ Section 295.21, F.S.

United States Armed Forces

The U.S. Armed Forces are made up of the six military branches: Air Force, Army, Coast Guard,⁴ Marine Corps, Navy and, most recently, the Space Force. There are three general categories of military personnel: active duty (full-time soldiers and sailors); reserve & guard forces (usually working in civilian jobs but can be called to full-time active duty); and veterans and retirees (past members of the military). Additionally, there are the millions of family members of military members, past and present. The President of the United States is the commander in chief of the U.S. Armed Forces and is responsible for all final decisions. The secretary of the U.S. Department of Defense (DOD) has control over the military and each branch, except the Coast Guard, which is under the Department of Homeland Security (DHS). With more than two million civilian and military employees, the U.S. DOD is the world's largest employer.⁵

Enlisted Members vs. Officers

Joining the U.S. Armed Forces as an enlisted member or an officer has a significant impact on the type of experience and training a new recruit receives. All enlisted jobs require a high school diploma, although, with certain exceptions, a passing General Education Development (GED) test score is acceptable. While enlisted careers do include infantry roles, most jobs involve hands-on training for mechanical, transportation, human service, or office fields that transfer well to the civilian world.

Almost all officer positions require a four-year college degree or equivalent. Officers are the managers of the military, acting in leadership roles that require planning, directing operations, and making critical decisions. Officer positions also include careers that require advanced degrees, such as law and medicine.⁶

Enlisted Personnel

Each branch of the U.S. Armed Forces employs its own unique set of titles for its various enlisted personnel, and all branches of the service utilize the same test to assign Advanced Individualized Training (AIT) to new recruits, though different branches use different classification systems. The U.S. Army and Marines use the MOS Job Line Categories,⁷ the Navy

⁴ The Coast Guard was originally part of the U.S. Department of Transportation (DOT), but after the terrorist attacks of September 11, 2001, President George W. Bush established the Department of Homeland Security (DHS), and the Coast Guard was transferred from civilian leadership to military leadership as part of DHS in 2003. United States Coast Guard, *Historian's Office—Timeline 1900s-2000s*, available at <https://www.history.uscg.mil/Complete-Time-Line/Time-Line-1900-2000/> (last visited Jan. 9, 2022).

⁵ Military.com, *What Are the Branches of the US Military?* available at <https://www.military.com/join-armed-forces/us-military-branches-overview.html> (last visited Dec. 8, 2021).

⁶ Today's Military, *Enlisted and Officer Paths*, available at <https://www.todaysmilitary.com/ways-to-serve/enlisted-officer-paths> (last visited Dec. 8, 2021).

⁷ See Operation Military Kids, Army, *Army Combat Medic Specialist (MOS 68W): Career Details*, available at <https://www.operationmilitarykids.org/army-combat-med-specialist-mos-68w/> (last visited Jan. 13, 2022); Operation Military Kids, Marines, *Marine Corps MOS List And ASVAB Scores*, available at <https://www.operationmilitarykids.org/marine-corps-mos-list-asvab-scores/> (last visited Jan. 9, 2022).

and Coast Guard use job “Ratings” categories, though not the same ones,^{8,9} and the Air Force and Space Force both use MOS and Air Force Specialty Codes (AFSC).

For the sake of brevity, this analysis will use the U.S. Army, the country’s oldest military branch, as the generic model for the basic discussion of the recruitment process in the U.S. Armed Forces as it pertains to traditional health care jobs available to enlisted personnel, generally, recognizing that each service branch has its own unique nuances and requirements for similar healthcare jobs.

To become an enlisted soldier in the U.S. Army, a person must:

- Be U.S. citizen or permanent resident with a valid Green Card (Permanent Resident Card);
- Be between 17-35 years old;
- Achieve a minimum score on the Armed Services Vocational Aptitude Battery (ASVAB) exam;
- Meet medical, moral, and [physical requirements](#); and
- Be a high school graduate or equivalent, in most cases.

Officers

Becoming an Army officer is different from enlisting as a soldier. Officers are responsible for leading soldiers and planning missions. Training and initial requirements for accepting a commission as an officer vary, but generally, to qualify a person must:

- Be a college graduate by the time he or she is commissioned as an officer;
- Be between 18 and 32 years old;
- Meet medical, moral, and [physical requirements](#); and
- Be eligible for a secret security clearance.

If a person is qualified, there are four main paths to becoming an Army officer:

- The Army Reserve Officers’ Training Corps (ROTC);
- Direct commission;
- Officer Candidate School (OCS); or
- Attending the U.S. Military Academy.¹⁰

Basic Training

No matter which branch of the U.S. Armed Forces a recruit chooses, he or she will go to basic training. Basic training, often called boot camp, prepares recruits for all elements of service: physical, mental, and emotional. It gives service members the basic tools necessary to perform the roles that will be assigned for the duration of their tour. Each of the services has its own training program, tailoring the curriculum to the specialized nature of its role in the Military. The

⁸ TheBalanceCareers.com, Careers, Navy Jobs, *Navy Hospital Corpsman (HM) Enlisted Ratings* available at <https://www.thebalancecareers.com/hospital-corpsman-3345823> (last visited Jan. 11, 2022).

⁹ TheBalanceCareers.com, U.S. Military Careers, Military Branches, *Pros and Cons of Enlisting in the Coast Guard*, available at <https://www.thebalancecareers.com/pros-cons-enlisting-in-coast-guard-4061204#toc-coast-guard-requirements> (last visited Jan. 11, 2022).

¹⁰ U.S. Army, Learn How to Join, *Army Eligibility Requirements*, available at <https://www.goarmy.com/learn/understanding-the-asvab.html> (last visited Jan. 7, 2022).

length of basic training varies from eight to 13 weeks, depending on the branch of the service. Basic training includes daily cardio, weight training, pushups and sit-ups.¹¹

Armed Services Vocational Aptitude Battery (ASVAB)

As previously noted, all potential U.S. Armed Force members, during the recruiting process, must take the ASVAB exam, which is administered while the recruit is at the Military Entrance Processing Station (MEPS). The ASVAB exam is a multiple-choice exam that helps determine the military careers for which an individual is best suited. There are two versions of the test:

- The enlistment version, which is given at a MEPS¹² and is used for recruiting purposes only;
- The student version, also known Career Exploration Program (CEP), used for career exploration, which is given in high schools and community colleges, at job corps centers, and at correctional facilities.¹³

The ASVAB exam is a series of subtests to help the Army and Marines determine what MOS job classification, what Rating in the Navy,^{14,15,16} or what Air Force Specialty Code (AFSC) in the Air Force and Space Force, an individual might be best qualified for. It is an aptitude test, not an intelligence test. The ASVAB exam has two different scores and is divided into different sections:

- Arithmetic Reasoning (AR): Measures ability to solve basic arithmetic word problems;
- Assembling Objects (AO): Measures ability with spatial relationships;
- Auto & Shop Information (AS): Measures knowledge of automotive maintenance and repair, as well as wood and metal shop practices;
- Electronics Information (EI): Measures knowledge of electrical current, circuits, devices, and electronic systems;

¹¹ Today's Military, *Boot Camp*, available at <https://www.todaysmilitary.com/joining-eligibility/boot-camp> (last visited Dec. 8, 2021).

¹² Today's Military, *Enlisting in the Military*, available at <https://www.todaysmilitary.com/joining-eligibility/enlisting-military> (last visited Dec. 8, 2021). The MEPS is a joint Service organization that determines an applicant's physical qualifications, aptitude and moral standards as set by each branch of military service. There are MEPS locations all over the country.

¹³ Operation Military Kids, *Navy HM Hospital Corpsman: Everything You Wanted To Know* (Dec. 19, 2019) available at <https://www.operationmilitarykids.org/navy-hospital-corpsman/#what-does-it-take-to-become-a-corpsman-in-the-navy> (last visited Dec. 8, 2021).

¹⁴ TheBalanceCareers.com, *Military Branches, U.S. Navy, Navy Careers: What You Need to Know About Navy Enlisted Ratings*, (update Sept. 20, 2019) available at <https://www.thebalancecareers.com/navy-enlisted-rating-job-descriptions-3345844> (last visited Jan. 9, 2022). When it comes to Navy jobs, the sea service uses a different language than most industries. You might hear references to Navy MOS, or Military Occupational Specialties, but the most common way to refer to enlisted jobs is with the term "ratings."

¹⁵ The U. S. Marines do not have a dedicated medical corps, but use Navy corpsmen (HS) as their medical support personnel. Corpsman train as soldiers as well as medical technicians, and serve alongside both Navy and Marine forces. They work in medical settings in the field, in military hospitals and in medical clinics and ships. McQuerrey, Lisa, CHRON, *What Is a Corpsman in the Marines?* (updated Jul. 1, 2018), available at <https://work.chron.com/corpsman-marines-6677.html> (last visited Jan. 9, 2022).

¹⁶ Unlike the Army, Navy and Air Force, the Coast Guard does not have a dedicated medical corps. However, a yeoman can still pursue a career in health care with the Coast Guard, because the enlisted member's AIT rating for the health services technicians (HS), who is an enlisted Navy hospital corpsman (HM), who serve in a U. S. Coast Guard unit. Eliodoro Reinol, Askinglot, updated Jan. 3, 2020, *What is a corpsman in the Coast Guard?* available at <https://askinglot.com/what-is-a-corpsman-in-the-coast-guard> (last visited Jan. 9, 2022).

- General Science (GS): Measures knowledge of life science, earth and space science, and physical science;
- Mathematics Knowledge (MK): Measures knowledge of mathematical concepts and applications;
- Mechanical Comprehension (MC): Measures knowledge of the principles of mechanical devices, structural support, and properties of materials;
- Paragraph Comprehension (PC): Measures ability to obtain information from written material; and.
- Word Knowledge (WK): Measures ability to understand the meaning of words through synonyms.

The *Armed Forces Qualification Test* (AFQT) score includes arithmetic reasoning, mathematics knowledge, word knowledge, and paragraph comprehensions, and determines if an individual is qualified at all to serve in any branch of the military. A recruit’s score on the remaining aptitude subtests are used for job placement. All nine ASVAB subtests are scored as a percentile in relation to how well the recruit did in comparison with all other recruits who took the same ASVAB test.^{17,18}

The Army currently has the longest list of available MOS job line categories.¹⁹ The Army offers over 150 MOS specialties and uses the aforementioned subtest categories to create MOS job line categories relevant to the type of jobs a recruit is best qualified for, as follows:

MOS Job Line Categories	ASVAB Subtests Most Relevant to MOS
Clerical (CL)	AR, MK, VE ²⁰
Combat (CO)	AR, AS, CS, and MC
Electronics (EL)	AR, EI, GS, and MK
Field Artillery (FA)	AR, CS, MC, and MK
General Maintenance (GM)	AS, EI, GS, and MK
General Technical (GT)	AR and VE
Mechanical Maintenance (MM)	AS, EI, and MC
Operators & Food (OF)	AS, MC, and VE
Surveillance & Communications (SC)	AR, AS, MC, and VE
Skilled Technical (ST)	GS, MC, MK, and VE

The U.S. Army uses some of the following traditional health care job classifications as MOS job lines. Listed below are the most relevant ASVAB subtests scores required for those jobs, which combine to create the potential recruit’s required minimum scores for suitability for a specific

¹⁷ Operation Military Kids, General Military Questions, *ASVAB Scores and the Military Jobs that Qualify*, available at <https://www.operationmilitarykids.org/asvab-scores-and-the-military-jobs-that-qualify/#army-asvab-scores> (last visited Jan. 6, 2022).

¹⁸ U.S. Army, Learn How to Join, *Understanding the ASVAB Test*, available at <https://www.goarmy.com/learn/understanding-the-asvab.100-0-99-0-0-110-0-99-0-101.results.html> (last visited Jan. 13, 2022).

¹⁹ Operation Military Kids, General Military Questions, *ASVAB Scores and the Military Jobs that Qualify*, available at <https://www.operationmilitarykids.org/asvab-scores-and-the-military-jobs-that-qualify/#army-asvab-scores> (last visited Jan. 6, 2022).

²⁰ *Id.* VE, or Verbal Expression, is the sum of PC and WK.

MOS job line. Again, for brevity purposes, only U.S. Army traditional health care jobs available to enlisted personnel are listed. Each footnote provides the specific qualifications and training to achieve those jobs in the U.S. Army to provide more detail. The other branches of the U.S. Armed Forces also have similar traditional health care jobs.

MOS	Army Job Title	Length of Time of Training ²¹	Minimum ASVAB Subtest Scores
68B	Orthopedic Specialist ²²	14 weeks	ST: 101, GT: 107
68C	Practical Nursing Specialist ²³	52 weeks	ST: 101, GT: 107
68E	Dental Specialist ²⁴	8 weeks	ST: 91
68F	Physical Therapy Specialist ²⁵	28 weeks	ST: 101, GT: 107
68H	Optical Laboratory Specialist ²⁶	18 weeks	GM: 98
68K	Medical Laboratory Specialist ²⁷	52 weeks	ST: 106
68L	Occupational Therapy Specialist ²⁸	34 weeks	ST: 101, GT: 107
68N	Cardiovascular Specialist ²⁹	56 weeks	ST: 101, GT: 107

²¹ Operation Military Kids, Army, *What is Army AIT?* available at <https://www.operationmilitarykids.org/army-ait/> (last visited Jan. 13, 2022).

²² U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Orthopedic Specialist (68B)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/orthopedic-specialist.html> (last visited Jan. 13, 2022).

²³ U.S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, General Care, *Practical Nursing Specialist (68C)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/general-care/68e-dental-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Practical Nursing Specialist (MOS 68C)*, available at <https://www.operationmilitarykids.org/army-practical-nursing-specialist-mos-68c/> (last visited Jan. 13, 2022).

²⁴ U.S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, General Care, Dental specialist (68E), available at <https://www.operationmilitarykids.org/army-dental-specialist-mos-68e/> (last visited Jan. 13, 2022).

²⁵ U.S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Physical Mental Health, *Physical Therapy Specialist 68F*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/physical-mental-health/68f-physical-therapy-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Physical Therapy Specialist (MOS 68F): Career Details*, available at <https://www.operationmilitarykids.org/army-physical-therapy-specialist-mos-68f/> (last visited Jan. 13, 2022).

²⁶ U.S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Physical Mental Health, *Optical Laboratory Specialist (68H)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/physical-mental-health/68h-optical-laboratory-specialist.html> (last visited Jan. 13, 2022).

²⁷ U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Medical Laboratory Specialist (68K)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/research/68k-medical-laboratory-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Medical Laboratory Specialist (MOS 68K)*, available at <https://www.operationmilitarykids.org/army-medical-laboratory-specialist-mos-68k/> (last visited Jan. 13, 2022).

²⁸ U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Occupational Therapy Specialist (68L)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/occupational-therapy-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Occupational Therapy Specialist (MOS 68L)*, available at <https://www.operationmilitarykids.org/army-occupational-therapy-specialist-mos-68l/> (last visited Jan. 13, 2022).

²⁹ U.S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, General Care, *Cardiovascular Specialist (68N)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/general-care/68n-cardiovascular-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Cardiovascular Specialist (MOS 68N)*, available at <https://www.operationmilitarykids.org/army-cardiovascular-specialist-mos-68n/> (last visited Jan. 13, 2022).

68P	Radiology Specialist ³⁰	46 weeks	ST: 106
68Q	Pharmacy Specialist ³¹	19 weeks	ST: 95
68S	Preventive Medicine Specialist ³²	15 weeks	ST: 101
68U	Ear, Nose, and Throat (ENT) Specialist ³³	14 weeks	ST: 101, GT: 107
68V	Respiratory Specialist ³⁴	36 weeks	ST: 102
68W	Combat Medic Specialist ³⁵	16 weeks	ST: 101, GT: 107
68X	Behavioral or Mental Health Specialist ³⁶	20 weeks	ST: 101
68Y	Eye Specialist ³⁷	13 weeks	ST: 101, GT: 107

The U.S. Army uses these additional health care related MOS job titles, and lists the following most relevant ASVAB subtests scores required for those jobs, which combine to create the potential recruit's required minimum scores for suitability for a specific MOS job line.

³⁰ U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Radiology Specialist (68P)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/radiology-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Radiologist Specialist (MOS 68P)*, available at <https://www.operationmilitarykids.org/army-radiologist-specialist-mos-68p/> (last visited Jan. 13, 2022).

³¹ U. S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Physical Mental Health, *Pharmacy Specialist (68Q)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/physical-mental-health/68q-pharmacy-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Pharmacy Specialist (MOS 68Q): Career Details*, available at <https://www.operationmilitarykids.org/army-pharmacy-specialist-mos-68q/> (last visited Jan. 13, 2022).

³² U. S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Physical Mental Health, *Preventative medical Specialist (68S)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/physical-mental-health/68s-preventive-medicine-specialist.html> (last visited Jan. 13, 2022).

³³ U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Ear, Nose And Throat (ENT) Specialist (68U)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/ear-nose-throat-specialist.html> (last visited Jan. 13, 2022).

³⁴U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Respiratory Specialist (68V)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/respiratory-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Respiratory Specialist (MOS 68V): Career Details*, available at <https://www.operationmilitarykids.org/army-respiratory-specialist-mos-68v-career-details/> (last visited Jan. 13, 2022).

³⁵ U. S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Intensive Care, *Combat Medic Specialist (68W)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/intensive-care/68w-combat-medic-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Combat Medic Specialist (MOS 68W): Career Details*, available at <https://www.operationmilitarykids.org/army-combat-medic-specialist-mos-68w/> (last visited Jan. 13, 2022).

³⁶ U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Behavioral Health Specialist (68X)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/behavioral-health-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Behavioral Health Specialist (MOS 68X): Career Details*, available at <https://www.operationmilitarykids.org/army-behavioral-health-specialist-mos-68x/> (last visited Jan. 13, 2022).

³⁷ U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Eye Specialist (68Y)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/eye-specialist.html> (last visited Jan. 13, 2022).

MOS	Army Job Title	Length of Time Training ³⁸	Minimum ASVAB Subtest Scores
68A	Biomedical Equipment Specialist ³⁹	41 weeks	EL: 107
68G	Patient Administration Specialist ⁴⁰	7 weeks	CL: 90
68J	Medical Logistics Specialist ⁴¹	6 weeks	CL: 90
68M	Nutrition Care Specialist ⁴²	7 weeks	OF: 95

Military Health Care Education

After a recruit attends boot camp, Army AIT is mandatory. AIT teaches critical job skills needed to serve the military in the recruit's assigned MOS job line. This is where the technical training begins at the Medical Education and Training Campus (METC) at Fort Sam Houston, Texas, where medical personnel from all branches of the service learn and refine their skills. METC has 48 medical programs, 16,500 graduates a year, and is a state-of-the-art U.S. DOD health care education campus that trains enlisted medical personnel. Training times vary depending upon a recruit's progress and individual MOS, Rating, or AFSC career track.⁴³

Army Practical Nursing Specialist

An Army practical nursing specialist (MOS 68C) is responsible for performing nursing care procedures. These specialists work with physicians, nurses, and non-commissioned officers (NCO) to bring preventative, therapeutic, and emergency care to soldiers and their families. This position requires skilled individuals who are comfortable working in all medical situations, whether in a controlled or deployed environment.

³⁸ *Supra* note 21.

³⁹ U. S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Research, *Biomedical Equipment specialist (68A)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/research/68a-biomedical-equipment-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Biomedical Equipment Specialist (MOS 68A): Career Details*, available at <https://www.operationmilitarykids.org/army-biomedical-equipment-specialist-mos-68a/> (last visited Jan. 13, 2022).

⁴⁰ U. S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Physical Mental Health, *Patient Administration Specialist (68G)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/physical-mental-health/68g-patient-administration-specialist.html> (last visited Jan. 13, 2022). Operation Military Kids, Army, *Patient Admonition Specialist (MOS 68G)* available at <https://www.operationmilitarykids.org/68-series-mos/#Patientmos68G> (last visited Jan. 13, 2022).

⁴¹ U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Medical Logistics Specialist (68J)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/medical-logistics-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Medical Logistics Specialist (MOS 68J): Career Details*, available at <https://www.operationmilitarykids.org/army-medical-logistics-specialist-mos-68j/> (last visited Jan. 13, 2022).

⁴² U. S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Physical Mental Health, *Nutrition Care Specialist (68M)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/physical-mental-health/68m-nutrition-care-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Nutrition Care Specialist (MOS 68M)*, available at <https://www.operationmilitarykids.org/68-series-mos/#Nutritionmos68M> (last visited Jan. 13, 2022).

⁴³ Medical Education and Training Campus, *Welcome to the Medical Education & Training Campus (METC)*, available at <http://www.metc.mil/> (last visited Jan. 13, 2022).

Qualifications and Training

The Army practical nursing specialist (MOS 68C) is required to attend 10 weeks of boot camp and is an entry-level position that requires recruits to pass all physical and medical evaluations. To enter training for an Army practical nursing specialist, a recruit must receive a minimum score of 101 on the Skilled Technical (ST) and 107 on the General Technical (GT) portions of the ASVAB test. The recruit will then receive 52 weeks of AIT training at METC at Fort Sam Houston in Texas.

Two phases of classroom training are required: field and clinical instruction. At the end of training, the soldier must pass the Texas Board of Nursing National Clinical Licensure Examination. After passing the examination, the soldier will be a Licensed Practical Nurse.⁴⁴

Army Combat Medic Specialist (CMS)

A CMS, MOS 68W job, trains as a soldier responsible for providing emergency medical treatment at the point of a soldier's wounding on the battlefield. Soldiers in this MOS line also assist with limited primary care and health protection. They provide evacuation of patients from a point of injury.⁴⁵ A CMS administers emergency medical care in humanitarian situations, serves as a first responder and triages illnesses and injuries to save lives in many situations. A CMS is also trained to train other soldiers in lifesaving and first responder courses.⁴⁶

Qualifications and Training

A CMS is an entry-level position that requires basic physical and medical evaluations. A soldier desiring a career as a CMS must receive a minimum score of 101 on the ST and 107 on the GT portions of the ASVAB test. After entry-level testing, a CMS candidate will attend AIT for 16 weeks which will include practice in patient care. After AIT, the CMS candidate must obtain certification from the National Registry of Emergency Medical Technicians (EMT) to begin his or her career as a CMS soldier in the U.S. Army.⁴⁷

A CMS is trained to perform necessary medical care in battlefield situations and has been trained in specific skills to perform under physician supervision or protocols, as follows:

- Take vital signs;
- Ambulance operations and patient transport;
- Emergency situation assessment (triage);
- Injury identification and temporary resolution protocols to stabilize a patient for transport;

⁴⁴ U.S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, General Care, *Practical Nursing Specialist (68C)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/general-care/68c-practical-nursing-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Practical Nursing Specialist (MOS 68C)*, available at <https://www.operationmilitarykids.org/army-practical-nursing-specialist-mos-68c/> (last visited Jan. 13, 2022).

⁴⁵ Operation Military Kids, Army, *Army Combat Medic Specialist (MOS 68W): Career Details*, available at <https://www.operationmilitarykids.org/army-combat-medical-specialist-mos-68w/> (last visited Jan. 13, 2022).

⁴⁶ U. S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Intensive Care, *Combat Medic Specialist (68W)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/intensive-care/68w-combat-medical-specialist.html> (last visited Jan. 13, 2022).

⁴⁷ Operation Military Kids, Army, *Army Combat Medic Specialist (MOS 68W): Career Details*, available at <https://www.operationmilitarykids.org/army-combat-medical-specialist-mos-68w/> (last visited Jan. 13, 2022).

- Insert IVs;
- Apply a tourniquet;
- Suture a wound;
- Perform cardiopulmonary resuscitation (CPR);
- Administer oxygen;
- Take and prepare blood samples for laboratory analysis;
- Administer injections, vaccines, and medications;
- Manage a patient's airway;
- Stop hemorrhaging;
- In a healthcare setting, a CMS is trained to:
 - Assist a doctor or nurse;
 - Prepare patients for surgery;
 - Prepare equipment and supplies for surgery;
 - Prepare and clean a room after a patient visit; and
 - Keep health records and files up-to-date.⁴⁸

Army Radiologist Specialist (MOS 68P)

In the Army, radiology is a clinical field where specialists learn to use imaging technology in the diagnosis and treatment of diseases and injuries. An Army radiologist specialist is very similar to his or her civilian counterpart and performs medical imaging at military clinics or hospitals.

Education and Training

To become an Army radiologist specialist, a recruit must attend 10 weeks of boot camp, even though it is a non-combat position, and score a 106 or higher on the Skilled Technical (ST) portion of the ASVAB. In addition, the recruit must have normal color vision and have had at least one year of high school algebra. Pregnant women cannot apply for a radiologist specialist MOS position because of the powerful imaging equipment the Army radiologist specialist handles and the radiation it emits.

Following boot camp, the recruit will attend AIT METC in Texas where he or she will learn to operate X-ray imaging and other related equipment such as ultrasound, MRI, and CAT scan equipment, in order to get images of human body for physicians to utilize in making diagnoses and planning courses of treatment.⁴⁹

Pharmacy Specialist (MOS 68Q)

An Army pharmacy specialist prepares and dispenses prescription medication under the direction of the pharmacist. A pharmacy specialist also maintains pharmacy supplies and records and keeps track of inventory. These soldiers must be familiar with pharmacy laws and regulations, drug types, uses, and how to mix medications.

⁴⁸ *Id.*

⁴⁹ U.S. Army, Careers & Jobs, Search Careers & Jobs, Medical and Emergency, *Radiology Specialist (68P)*, available at <https://www.goarmy.com/careers-and-jobs/browse-career-and-job-categories/medical-and-emergency/radiology-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Radiologist Specialist (MOS 68P)*, available at <https://www.operationmilitarykids.org/army-radiologist-specialist-mos-68p/> (last visited Jan. 13, 2022).

Qualifications and Training

An Army recruit seeking assignment as an Army pharmacy specialist must receive at least a 95 on the Skilled Technical (ST) portion of the ASVAB test. After completing all entry level testing, recruits will attend complete 10 weeks of boot camp and then attend AIT at METC in Texas for 23 weeks, in a program accredited by the American Society of Health System Pharmacists,⁵⁰ which includes practical experience with pharmaceutical tasks, including the use of robotics and other highly technical equipment to fulfill prescriptions.

The recruit desiring assignment as an Army pharmacy specialist is required to have finger dexterity in both hands. He or she will work under the direction of a pharmacist and learn to:

- Assist in the preparation and dispensing of medications;
- Measure, mix and compound medications;
- Verify dosages based on patient age, weight and medical status; and
- Verify dosage regimen and the quantity prior to releasing medication;
- Fill outpatient or inpatient orders in a hospital setting;
- Fill pain medication for a released patients, IV bags for inpatients, or syringes for a newborn babies;
- Order medical supplies such as syringes or sterile pads; and
- Discuss medications with the patients.⁵¹

Federal Tort Claims Act (FTCA)

The FTCA, dating back to 1946, allows private parties to recover restitution for certain torts committed by employees or agents of the U.S. government, including military health care providers. The FTCA gives people the ability to hold the U.S. government responsible for wrongdoing committed by its employees or agents in the course of their employment. The statute of limitation for FTCA cases is two years. To prove negligence, the injured party must file a claim with the appropriate federal agency within two years of the injury or death. The Act also provides authority for the federal government to defend against such claims.

FTCA cases can involve several areas of personal injury law. The Act applies when someone is injured in one of the following ways:

- Military Base Hospitals Medical Malpractice;
- Veterans Affairs (VA) Malpractice;
- Military Truck or Vehicular Wreck;

⁵⁰ The American Society of Hospital Pharmacists (ASHP), About ASHP, *Welcome to ASHP* available at <https://www.ashp.org/about-ashp?loginreturnUrl=SSOCheckOnly> (last visited Jan. 16, 2022). The ASHP was formed on August 21, 1942. The ASHP is the collective voice of pharmacists who serve as patient care providers in hospitals, health systems, ambulatory clinics, and other healthcare settings spanning the full spectrum of medication use. The organization's more than 60,000 members include pharmacists, student pharmacists, and pharmacy technicians. For 80 years, ASHP has been at the forefront of efforts to improve medication use and enhance patient safety.

⁵¹ U. S. Army, Careers & Jobs, Search Careers & Jobs, Career Match, Science Medicine, Physical Mental Health, *Pharmacy Specialist (68Q)*, available at <https://www.goarmy.com/careers-and-jobs/career-match/science-medicine/physical-mental-health/68q-pharmacy-specialist.html> (last visited Jan. 13, 2022); Operation Military Kids, Army, *Army Pharmacy Specialist (MOS 68Q): Career Details*, available at <https://www.operationmilitarykids.org/army-pharmacy-specialist-mos-68q/> (last visited Jan. 13, 2022).

- Medical Malpractice at a Federally Funded Clinic;
- Premises Liability on Federal Property;
- Vehicle Accident Involving Federal Employee; and
- Personal Injury by Federal Employee.⁵²

When someone is injured by a federal employee or by federal property, the claimant must bring his or her lawsuit under the FTCA. Under the FTCA, the laws of the state where the accident occurred control damages limitations. For example, in Florida, personal injury or medical malpractice damages arising out of the same incident or occurrence are capped at \$200,000 per occurrence, or \$300,000.00 in the aggregate. Punitive damages are prohibited. This is effectively providing personal injury and, if applicable, medical malpractice insurance to all federal health care practitioners.⁵³

Florida’s Department of Health (DOH)

The Legislature created the DOH to protect and promote the health, safety and welfare of all residents and visitors in the state.⁵⁴ The DOH is charged with the regulation of health practitioners for the preservation of the health, safety, and welfare of the public. The Division of Medical Quality Assurance (MQA) is responsible for the boards⁵⁵ and professions within the DOH.⁵⁶

Health Care Practitioner Regulation

The DOH, Division of MQA, provides health care practitioner regulation and support to health care licensure boards and councils. Boards are responsible for approving or denying an applicant’s license based upon:

- The applicants qualifications specified in statute;
- Reviewing and approving continuing education courses and practitioners;
- Promulgating administrative rules authorized by statute;
- Determining probable cause in cases resulting from complaints; and
- Disciplining practitioners found to be in violation of applicable laws.

The Division of MQA licenses and regulates seven types of health care facilities and more than 200 license types in over 40 professions, while partnering with 22 boards and four councils.⁵⁷

⁵² 28 U.S.C. ss. 2671-2680, 2021; The United States Department of Justice, *Federal Tort Claims Act Litigation Section*, available at <https://www.justice.gov/civil/federal-tort-claims-act-litigation-section> (last visited Jan. 10, 2022).

⁵³ Section 768.28, F.S.

⁵⁴ Sections 20.43 and 456.003, F.S.

⁵⁵ Under s. 456.001(1), F.S., “board” is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within the DOH or, in some cases, within the MQA.

⁵⁶ Section 20.43, F.S.

⁵⁷ The Department of Health, *Senate Bill 466, 2022 Agency Legislative Bill Analysis* (Dec. 8, 2021)(on file with the Senate Committee on Health Policy).

Health Care Practitioner Scope of Practice

The scope of practice for a regulated health care profession includes those activities and procedures that a person with a specified level of education, training, and competency is authorized to perform under the laws and rules of the state in which the person practices. Scope of practice can also incorporate conditions that may limit the exercise of authorized activities and procedures.⁵⁸ Licensed health care practitioners in Florida may only perform that which is authorized by the scope of practice for their profession. Individuals who perform functions outside of their scope of practice are subject to discipline. Individuals who perform tasks that are specific to a scope of practice identified in Florida Statutes without the required licensure may be considered to be performing unlicensed activities in violation of law.⁵⁹

The Board of Medicine

The Florida Board of Medicine (BOM) functions within the DOH/MQA, and is composed of 15 members appointed by the Governor and confirmed by the Senate. Twelve members of the BOM must be licensed physicians in good standing who are Florida residents and who have been actively engaged in the practice or teaching medicine for at least four years immediately preceding their appointment. Of the members, one must be a full-time faculty member of a Florida medical school; one must be in private practice; one must be a full-time staff member of a statutory teaching hospital; and at least one must be a graduate of a foreign medical school. The remaining three members are consumer members who are residents of the state who have never been licensed health care practitioners. One member must be a health care risk manager and at least one member must be 60 years of age or older.

Practice of Medicine

A physician is a person who is licensed to practice medicine in Florida. Practicing medicine includes the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition.⁶⁰

⁵⁸ Federation of State Medical Boards, *Assessing Scope of Practice in Health Care Delivery*, (Apr., 2005) available at <https://www.fsmb.org/search-results/?s=relevance&n=10&q=definition+of+scope+of+practice> (last visited Dec. 8, 2021). The Federation of State Medical Boards is a national non-profit association whose members include all medical licensing and disciplinary boards in the United States, and the U.S. territories. The Federation acts as a collective voice for 70 member medical boards in promoting high standards for medical licensure and practice. The Guidelines recommend that State regulators and legislators review the following factors when considering scope of practice initiatives in the interest of public health and patient safety: (1) The existence of a verifiable need for the proposed scope of practice change; (2) Existing scopes of practice and the effect of requested changes on public health and safety; (3) Formal education and training purported to support scope of practice changes and the existence of a formal process for accreditation; (4) Existing or proposed regulatory mechanisms such as licensure, certification and registration; (5) The advisability of allowing independent practice or requiring collaboration or supervision; (6) The advisability of interaction and cooperation between affected regulatory boards in evaluating issues that involve multiple practitioners, in investigating complaints, and in recommending appropriate discipline; (7) The requirements for full and accurate disclosure by all health care practitioners as to their qualifications to provide health care services; (8) The accountability and liability issues relating to scope of practice changes; (9) The details, rationale, and ethics of any proposals to bypass licensing or regulatory requirements in allowing scope of practice changes, the implications for other practitioners, and the effect on patient safety; and (10) The financial impact and incentives related to and affecting the scope of practice changes.

⁵⁹ Section 456.072, F.S.

⁶⁰ Section 458.305, F.S.

Allopathic standards of practice and standards of care for particular practice settings include, but are not limited to, education and training, equipment and supplies, medications including anesthetics, assistance of and delegation to other personnel, transfer agreements, sterilization, records, performance of complex or multiple procedures, informed consent, and policy and procedure manuals.⁶¹

The Practice of Nursing

The scope of practice of nursing varies based on the type of education, training, and nursing licensure held by the health care practitioner.

The Licensed Practical Nurse (LPN)

An LPN may perform selected acts, including:

- The administration of treatments and medications, in the care of the ill, injured, or infirm;
- The promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and
- The teaching of general principles of health and wellness to the public and to students other than nursing students.⁶²

LPN Qualifications and Training for Licensure

Licensure for an LPN is in accordance with s. 464.003, F.S., and includes the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Graduation from a Florida approved, or accredited LPN nursing education program as defined in s. 464.003, F.S.;
- Graduation from an Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE) accredited LPN nursing program that has been issued a National Council Licensure Examination (NCLEX) code by the National Council of State Boards of Nursing (NCSBN);
- Graduation from an LPN nursing education program that is approved or recognized by the jurisdiction in which it is based and that has been issued an NCLEX code by the NCSBN;
- Graduation from a military nursing education program that has been issued an NCLEX code by NCSBN;
- Graduation from a non-NCSBN jurisdiction (e.g. Puerto Rico), or international nursing education program that the Board of Nursing (BON) determines to be equivalent to an approved program; or
- Successful completion of courses in a registered nursing education program that are equivalent to a practical nursing education program – Practical Nurse Examination based on practical nursing Equivalency (PNEQ).

⁶¹ Section 458.311(1)(c), F.S.

⁶² Section 464.003(18), F.S.

An LPN may also qualify for licensure in Florida by meeting endorsement qualifications (holding a valid license in another state and meeting other minimum qualifications) or by Nurse Licensure Compact.

All nursing programs requesting BON approval must conform to the Florida Department of Education curriculum framework. In order to ensure the preparation of nurses capable of competent practice, the curriculum must: reflect the stated philosophy and objectives of the program; evidence an organized pattern of instruction consistent with principles of learning and sound educational practices; provide systematic evaluation of students in both clinical experience and theoretical instruction; and evidence ongoing program evaluation in relation to the currency of content, competency of instruction, adequacy of clinical experiences and effectiveness of graduate performance. The specific minimum requirements for a practical nursing programs are the following: content must include medical, surgical, obstetrical, pediatric, geriatric, acute care in long term care and community settings; personal, family, and community health concepts; nutrition; human growth and development; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and medication administration; legal aspects of nursing; and the curriculum must consist of at least 50% clinical training.⁶³

The Certified Nursing Assistant (CNA)

A CNA may provide care and assistance to persons with tasks related to the activities of daily living. These tasks includes personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents' or patients' rights, documentation of nursing-assistant services. Other tasks may be performed upon completion of training beyond the minimum qualifications for initial certification and upon validation of competence in that skill by an RN.⁶⁴

CNA Qualifications and Training for Licensure

Qualifications for a CNA are in accordance with s. 464.203, F.S., includes the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Successful completion of an approved training program and achieved a minimum score on the nursing assistant competency examination. The examination consists of a written portion and skills-demonstration portion approved by the board and administered at a site and by personnel approved by the DOH;
- Achieve a minimum score, established by rule of the board, on the nursing assistant competency examination, and has a high school diploma, or its equivalent; or is at least 18 years of age;
- Completion of the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieved a minimum score on the nursing assistant competency examination; or

⁶³ Fla. Admin. Code. R. 64B9-2.021 (2021).

⁶⁴ Section 464.201(5), F.S.

- CNAs may qualify for licensure by endorsement if they are currently certified in another state or territory of the United States or District of Columbia and successfully complete criminal history and discipline history requirements.

The CNA Examination must consist of a written exam and a clinical skills test. Both must be passed within a two-year period in order to achieve certification. Results on either the written or clinical exams that are over two years old are invalid, and both tests must be repeated. The general areas of competency of the written exam include: the role of the nursing assistant; promotion of safety; promotion of function and health of patients; and basic and specific nursing care for patients with changes in health. For the written exam, the BON accepts a minimum passing score of 76 percent.⁶⁵

The CNA clinical skills exam includes four test areas: personal care, promotion of function, health and safety; reporting and recording; and hand washing. In each area CNA candidates are tested on five tasks. The tasks in the three areas, excluding hand washing, are as follows:

- Personal Care:
 - Perineal care – female;
 - Catheter care;
 - Dressing;
 - Partial bed bath;
 - Toileting – bedpan;
 - Mouth care – brushing teeth;
 - Mouth care – care of dentures;
 - Grooming – hair and nail care;
 - Feeding;
 - Change an occupied bed; and
 - Foot care.
- Promotion of function, health, and safety:
 - Change of position;
 - Transfer;
 - Range of motion for upper extremity;
 - Range of motion for lower extremity; and,
 - Ambulation.
- Reporting and Recording:
 - Measure and record pulse and respirations;
 - Measure and record weight;
 - Measure and record content of urinary drainage bag; and
 - Measure and record blood pressure.

For the Clinical Skills Test, the recommended minimum passing level for each task is three standard errors of measure below the mean; which will vary depending on the difficulty of the items selected by the testing service. If an applicant fails to pass the CNA competency examination in three attempts, the applicant is not eligible for reexamination unless the applicant completes an approved training program.⁶⁶

⁶⁵ Fla. Admin. Code R. 64B9-15.008 (2021).

⁶⁶ *Id.*

Emergency Medical Services (EMS)

The Legislature created ch. 401, F.S., in 1973 with the intent to establish a statewide organized and regulated system of regional EMS providers with two major objectives:

- To develop a statewide system of emergency medical telecommunications to maximize the use of existing radio channels to provide faster and more effective EMS to the general population;⁶⁷ and
- To protect and enhance the public health, safety, and welfare with the establishment a state wide EMS plan to:
 - Monitor the quality of patient care delivered by each licensed service;
 - Certify EMS personnel;
 - Create an EMS advisory council;
 - Develop a comprehensive statewide injury-prevention program; and
 - Development minimum standards for EMS providers, personnel, vehicles, services, medical direction and inspections.⁶⁸

The Legislature further recognized that a major impediment to meeting its two legislative objectives for s. 401, F.S., was the inability of governmental and private agencies to respond cooperatively in order to finance a system of regional EMS. In response, the Legislature found it in the public interest to foster the development of a statewide EMS provider system and created the Florida Emergency Medical Services Grant Act.⁶⁹ This law authorizes the DOH to make grants to local agencies, EMS organizations, and youth athletic organizations to provide EMS, including emergency medical dispatch, and work with local EMS organizations to expand the use of automated external defibrillator (AED) devices.⁷⁰

Emergency Medical Service Providers

Every person, firm, corporation, association, or governmental entity owning or acting as agent for the owner of any business or service which furnishes, operates, conducts, maintains, advertises, engages in, proposes to engage in, or professes to engage in the business or service of providing prehospital or interfacility advanced life support (ALS) services or basic life support (BLS) transportation services must be licensed as a BLS service or an ALS service, or both, before offering such service to the public.⁷¹

The Emergency Medical Technician (EMT)

An EMT is certified by the DOH to perform BLS techniques.⁷² The BLS techniques includes the treatment of medical emergencies by a certified EMT qualified in the use of techniques of patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical anti-shock trousers, administration of a subcutaneous injection using a premeasured auto-injector of epinephrine for an anaphylactic

⁶⁷ Section 401.013, F.S.

⁶⁸ Section 401.211, F.S.

⁶⁹ See ss. 401.101 and 401.104, F.S.

⁷⁰ Section 401.111, F.S.

⁷¹ Section 401.25(1), F.S.

⁷² Section 401.23(11), F.S.

reaction, and other techniques described in the U.S. DOT, EMT Basic Training Course Curriculum (EMT-BTCC).⁷³

EMT Qualifications and Training

Qualifications for an EMT are in accordance with s. 401.27, F.S., and include the following minimum requirements:

- Out of state or military applicants trained in accordance with either the 1994 U.S. DOT EMT-Basic National Standard Curriculum or the January 2009 U.S. DOT National EMS Education Standards and currently hold a valid EMT certification from the National Registry of Emergency Medical Technicians (NR-EMT);
- Completion of an emergency medical technician training course equivalent to the most recent emergency medical technician basic training course of the U.S. DOT, within one year after course completion have passed an examination for an emergency medical technician, hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent.

To be eligible for an EMT certification in Florida, an applicant must:

- Submit a completed application;
- Submit proof to the Certification Unit of meeting the required professional education in one of the following ways:
 - *Florida Trained* – Successful completion of EMT course from a DOH approved program within two years of passing the examination;
 - *Out-of-State Trained* – Submit proof of current NR-EMT certification;
 - *Florida Paramedic Certification*. A Florida certified paramedic may use his or her paramedic certificate, provided that it is current and in good standing, to satisfy the professional education requirements for certification as an EMT; or
 - If the applicant was initially trained in Florida, received a Florida EMT certification, but did not maintain the certification, the applicant may apply by *Out of State Certification* and submit a copy of one of the following to the Certification Unit:
 - An American Red Cross CPR for Professional Rescuer card;
 - An American Heart Association BLS for the Healthcare Provider;

A CPR equivalent certification from an organization approved by the Bureau of EMS pursuant to Florida Administrative Code Rule 64J-1.022.⁷⁴

The Paramedic

A certified paramedic may perform both BLS and ALS.⁷⁵ ALS includes the assessment or treatment by a certified paramedic qualified in the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring,

⁷³ Section 401.23(7), F.S.

⁷⁴ Section 401.25, F.S.; Fla. Admin C. Rule 64J-1.008, (2021); Florida Department of Health, Licensing and Regulation, EMT and Paramedics, Licensing, *Emergency Medical Technicians*, available at <https://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html> (last visited Jan. 10. 2022).

⁷⁵ Section 401.23(17), F.S.

cardiac defibrillation, and other techniques described in the EMT-Paramedic National Standard Curriculum or the National EMS Education Standards, pursuant to DOH administrative rules.⁷⁶

Any member of the U.S. Armed Forces, on active duty, who at the time he or she became a member, was in good standing with the DOH, and certified to practice as an EMT or paramedic in Florida remains in good standing without registering, paying dues or fees, or performing any other act, as long as he or she is an active duty member of the U.S. Armed Forces, and for a period of six months after he or she is discharge from active duty.⁷⁷

Paramedic Qualifications and Training

Protection of the public is incumbent upon the accurate determination that a health care professional is qualified to practice the health care profession for which they are seeking licensure. Florida statutes delineate the minimum qualifications for each license based on the profession and the associated scope of practice. However, all professions have the same general categories of requirements for licensure, including:

- Minimum educational requirements. This requirement may also encompass an internship program or residency training.
- Successful examination completion. Most health care professions require the successful completion of a national examination to demonstrate competency.
- Criminal history evaluation. All applicants are required to disclose prior criminal history, professions identified in s. 456.0135, F.S., require electronic fingerprint submission. Certain criminal activity reflected in the history may preclude licensure.
- Disciplinary history evaluation. Disciplinary history evaluation includes all prior licensure in any profession in any jurisdiction. Certain types of discipline may preclude licensure.
- Health history evaluation. Applicants are required to disclose health history, including evidence of impairment. Boards evaluate the disclosure to determine if the applicant is safe to practice prior to making a final licensure determination.

To be eligible for a paramedic certification in Florida, an applicant must:

- Submit a completed Application;
- Possess a high school diploma or GED;
- Submit proof to the Certification Unit of meeting the required professional education in one of the following ways:
 - *Florida Trained* - Successful completion of a paramedic course from an approved program within two years of passing the examination. If the course was taken more than two years before you passed the examination it will not be accepted;
 - *Out of State Certification* – An applicant must submit proof of current NR-EMT certification; or
 - *Health Professional Licensure* – A Florida licensed physician, physician assistant, dentist, or registered nurse may apply for certification as a paramedic and subsequently challenge the paramedic exam, provided he or she holds a Florida EMT certificate which

⁷⁶ Section 401.23(1), F.S.

⁷⁷ Section 401.2715, F.S.

is current, in good standing, and has successfully completed an advance cardiac life support course.⁷⁸

The bill provides an effective date of July 1, 2022.

III. Effect of Proposed Changes:

CS/SB 466 authorizes the DOH, in collaboration with FIFV, to establish and administer the MMACOF program created under the bill. The program is designed to assist veterans and their spouses in finding pathways toward clinical, leadership, and nonclinical careers in health care or health care-related fields in Florida if they meet certain requirements.

The bill authorizes the FIFV, to recruit and review the military eligibility of veterans and their spouses and to assist MTHCVs in applying for the MMACOF Health Care Certification program, which is designed to assist MTHCVs obtain employment with participating health care providers, maintain medical skills, address the shortage of health care professionals in the state, and work toward obtaining appropriate health care registration, certification, or licensure.

The bill defines a “military-trained veteran” as a person who:

- Has served within the preceding consecutive 12 months as a medic in the U.S. Army, a medical technician in the U.S. Air Force, a hospital corpsman in the U.S. Navy, or a health services technician in the U.S. Coast Guard;
- Was discharged or separated from military service under conditions other than dishonorable;
- Has received MMACOF Health Care Program Qualified Status from the DOH;
- Is enrolled, on at least a half-time basis, in an approved and accredited Florida health care education and training program specific to the health care field for which the DOH has issued the MMACOF Health Care Program Qualified Status; and
- Has applied for and received approval from the DOH for the MMACOF Health Care Certification program.

The bill also defines a “participating health care provider” as:

- A physician licensed under chs. 458, or 459, F.S.;
- A professional corporation or partnership of a licensed physicians licensed under chs. 458 or 459, F.S.;
- A hospital licensed under ch. 395, F.S.;
- An office registered under ss. 458.328 or 459. 0138, F.S.;
- A commercial enterprise having medical facilities for its employees which are supervised by one or more licensed physicians licensed under chs, 458 or 459, F.S.; or
- A facility which is licensed under ch. 395, F.S., which offers medical services to the public and is supervised by one or more licensed physicians licensed under chs. 458 or 459, F.S.

The bill defines “veteran” the same as in s. 1.01(14), F.S., or a former member of the Florida National Guard.

⁷⁸ Section 401.25, F.S.; Fla. Admin. C. Rule 64J-1.009, (2021); Florida Department of Health, Licensing and Regulation, EMT and Paramedics, Licensing, *Paramedic*, available at <https://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/licensing/index.html> (last visited Jan. 10. 2022).

The bill requires the MMACOF program to consist of three components: the MMACOF Health Care Certification program, the No Veteran Left Behind component, and the Health Care Leadership component.

Under the *MMACOF* Health Care Certification program, the FIFV is authorized to recruit and review the military eligibility of veterans according to the military requirements for acceptance into the MMACOF Health Care Certification program and is required to assist each individual veteran in completing a DOH MMACOF Health Care Certification program application form.

The bill authorizes the FIFV to recruit, establish, and maintain a statewide list of MMACOF Health Care Certification program participating health care providers. The bill requires a participating health care provider to agree to employ unlicensed MTHCVs who hold an MMACOF Health Care Certificate in specific health care fields, who are qualified to perform specific health care skills under the direct supervision of a licensed health care provider in such specific field, and who are enrolled on at least a half-time basis in an approved and accredited Florida health care education and training program for the health care field. The bill also requires the FIFV to assist MTHCVs who hold an MMACOF Health Care Certificate in identifying participating health care providers for potential employment, including providing assistance with résumé writing, application completion, and interviewing skills.

The bill directs the DOH and each DOH board to develop the MMACOF application form, and the DOH is required to waive the application fee, certificate fee, and unlicensed activity fee for all such applicants. The bill requires the MMACOF Health Care Certification program application to include, but not be limited to, the following information:

- The individual's civilian and military education; health care education and training; a list of practice skills regularly performed in the military during service as a medic in the U.S. Army, a medical technician in the U.S. Air Force, a hospital corpsman in the U.S. Navy, or a health services technician in the U.S. Coast Guard; and any other health care-related education or experience the individual has received as a civilian or active duty service member; and one of the following:
 - A disclosure by the MMACOF Health Care Certification program applicant stating whether he or she is currently enrolled, on at least a half-time basis, in an approved and accredited Florida health care education and training program for a specified health care practice areas and the status of that enrollment; or
 - If the MMACOF Health Care Certification program applicant is not currently enrolled in an approved and accredited Florida health care education and training program, the applicant's preference for the health care practice area in which he or she seeks to pursue future education and training and, if known, which approved and accredited Florida health care education and training program he or she plans to enter under the MMACOF Health Care Certification program.

The bill authorizes the BOM to review, in consultation with any other professional board the BOM deems appropriate, each veteran's individual MMACOF Health Care Certification program application and, based on criteria set forth in BOM rule, to determine within 30 days which of the following health care practice areas the individual veteran is eligible to practice in under the direct supervision of a health care practitioner, as defined by the specific profession's

practice act, while the veteran is enrolled on at least a half-time basis in an approved and accredited Florida health care education and training program for such practice areas:

- Certified nursing assistant;
- Dental assistant;
- Dental hygienist;
- Emergency medical technologist;
- Licensed practical nurse;
- Laboratory technologist;
- Medical assistant;
- Optician;
- Physician assistant;
- Occupational therapy assistant;
- Radiologic technologist;
- Registered nurse;
- Respiratory care or therapy technician;
- Paramedic;
- Pharmacy technician;
- Physical therapist assistant; or
- Physical therapist.

The bill requires the BOM to delineate the practice skills that the MTHCV is permitted to perform under the direct supervision of a licensed health care practitioner in the field in which the veteran is to practice and further requires that once the BOM has determined that an applicant has sufficient civilian or military health care education and training in one or more health care practice areas, the veteran's application must be given "MMACOF Health Care Program Qualified" status, and that the veteran must be notified of the status in writing within 14 days.

The bill requires the DOH to also provide the veteran with a list of practice skills the BOM has determined the veteran has experience to perform under direct supervision when employed by a participating health care provider after obtaining his or her MMACOF Health Care Certificate. The notification must include instructions on how the veteran may obtain an MMACOF Health Care Certificate.

The bill specifies that the BOM's initial determination of the veteran's "MMACOF Program Health Care Qualified" status expires 18 months after its first issuance, unless the veteran applies for an MMACOF Health Care Certificate before the expiration date.

The bill requires that, to obtain an MMACOF Health Care Certificate, a veteran whose MMACOF Health Care Certification application is in "MMACOF Program Health Care Qualified" status must provide to the DOH documentation of his or her enrollment, on at least a half-time basis, signed by the registrar or similar representative of the approved and accredited Florida health care education and training program, for his or her approved health care field on a form or in the manner prescribed by DOH rule. Upon receipt by the DOH of the veteran's proof of at least half-time enrollment in an approved and accredited Florida health care education and training program for the health care field for which the veteran is "MMACOF Program Health Care Qualified," the DOH may issue to the veteran an MMACOF Health Care Certificate that

qualifies the unlicensed veteran for employment with a participating health care provider in a position matching the health care field listed above on the veteran's MMACOF Health Care Certificate.

The bill specifies that the veteran's MMACOF Health Care Certificate is valid for the length of time the veteran remains actively enrolled on at least a half-time basis in an approved and accredited Florida health care education and training program, and he or she may continue to practice the skills approved by the BOM in a participating civilian health care provider setting while enrolled on at least a one-half time basis in an accredited and approved Florida health care educational and training program or accredited nursing program.

The bill authorizes the DOH to provide by rule a method for annual renewal of MTHCVs' MMACOF Program Health Care Certifications.

The bill requires a MMACOF Health Care Certificate holder to provide the DOH and FIFV the following information within 10 days after civilian employment under his or her MMACOF Health Care Certificate with a participating health care provider:

- The name, address, and telephone number of the participating health care provider that employs the MTHCV; and
- The name and phone number of a contact health care provider who is responsible for supervising the MTHCV and who has a copy of the list of practice skills for which the BOM has determined the MTHCV has sufficient experience to perform under supervision with his or her MMACOF Health Care Certificate.

The bill requires an MMACOF Health Care Certificate holder to notify the DOH and FIFV in writing within 10 days of the MTHCV's employment termination with his or her participating health care provider, or if the MTHCV fails to remain in or maintain active enrollment, on at least a half-time basis, in an approved and accredited Florida health care education and training program.

The bill mandates that a participating health care provider that employs a MTHCV notify the DOH and FIFV in writing within 10 days of the termination, including the reasons for the termination.

The bill requires an approved and accredited Florida health care education and training program that has enrolled a MTHCV who holds a MMACOF Health Care Certificate and who is employed by a participating health care provider, to notify the DOH and FIFV in writing within 10 days after:

- The termination of the MTHCV's enrollment from the approved and accredited Florida health care education and training program for any reason, and to include in the notice the reason(s) for termination;
- The MTHCV's enrollment drops below a half-time basis; or
- The MTHCV's class absences are of sufficient number to cause the MTHCV to drop or fail classes, dropping his or her enrollment to less than a half-time basis.

The bill specifies 19 separate grounds for the denial of an MMACOF Health Care Certificate or disciplinary action against a MMACOF Health Care Certification program applicant or

Certificate holder and specifies that either the DOH or the BOM may enter an order denying certification or imposing penalties under ch. 456, F.S., against any certificate applicant.

The bill does not authorize the DOH or the BOM to issue or reinstate a MTHCV's MMACOF Health Care Certificate to any MTHCV it has deemed unqualified until such time as the DOH or the BOM is satisfied that the MTHCV has complied with the terms and conditions of the final order and that the certificate holder can safely practice as a MTHCV.

The bill authorizes the BOM to establish by rule guidelines for the disposition of disciplinary cases involving specific violations. The guidelines may include minimum and maximum fines, periods of supervision on probation, or conditions upon probation or reissuance of a MTHCV's MMACOF Health Care Certificate.

The *No Veteran Left Behind* component requires the MMACOF program to provide assistance to veterans who do not meet the definition of the "medically trained veteran" but who have served in health care-related specialties, in résumé writing, mentorship, and obtaining employment with participating health care providers.

The *Health Care Leadership* component requires the MMACOF program to assist veterans who, in the course of their military service, have gained management experience or completed advanced degrees, to find civilian health care leadership and management employment in a variety of health care disciplines.

The bill authorizes the DOH and the BOM to adopt rules pursuant to ss. 120.536(1) and 120.54, F.S., to implement s. 295.126, F.S.

The bill amends s. 295.21, F.S., to authorize the creation of a subprogram dedicated to health care services employment under the Veterans Employment and Training Services Program. The bill provides that the purpose of the health care service subprogram is to link veterans who have armed service health care training and are seeking employment in health care fields to health care organizations wishing to hire dedicated, well-trained workers. The program is to meet the health care workforce demands of this state by facilitating access to training and education in health fields for veterans and to promote the health care licensing programs provided by the state.

The bill provides an effect date of July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill, in part, is designed to address the shortage of health care professionals in this state, but the impact is indeterminate at this time.

C. Government Sector Impact:

According to the DOH, the MQA may experience a recurring increase in workload and cost associated with the collaboration with the FIFV for the MMACOF program. The bill does not specify the roles that the MQA will contribute; therefore, the fiscal impact is indeterminate.⁷⁹

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill defines eligible veterans to be “medically-trained” as a medic in the U.S. Army, a medical technician in the U. S. Air Force, or a hospital corpsman in the U.S. Navy or the U.S. Coast Guard. The actual military titles for those individuals are the Army Combat Medic Specialist (CMS), Navy Hospital Corpsman (HM), Air Force Aerospace Medical Service Technician (AMST), and Coast Guard Health Service Technician (HS).

The bill excludes from the program the U.S. Marine Corp, which uses Navy trained HMs who are Marines, and the Space Force, which currently uses Aerospace Medical Service Technicians (AMST) trained by the Air Force, even though they are in the Space Force.

⁷⁹ Florida Department of Health, 2022 Legislative Analysis of SB 466, dated October 21, 2021 (on file with the Senate Committee on Health Policy).

The bill also does not provide any legislative direction to the DOH to address the following issues:

- Adverse incident reporting; and
- Professional liability insurance.

VIII. Statutes Affected:

This bill creates section 295.126 of the Florida Statutes.

The bill amends section 295.21 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on January 13, 2022:

The CS:

- Authorizes the DOH to establish and administer the MMACOF program, in collaboration with the FIFV, instead of the FDVA establishing and administering the program;
- Applies to military veterans and their spouses, not just military veterans;
- Requires the DOH to waive certain fees for MMACOF program applicants;
- Provides application requirements;
- Requires disclosure of specific information by an applicant;
- Requires the participating health care providers to agree to specified terms;
- Requires a specific application process;
- Requires the BOM, and any other boards it deems appropriate, to determine the areas in which a veteran is eligible to practice and to specify what skills the veterans may perform under direct supervision;
- Requires the certificate holder, DOH, FIFV, participating health care providers, and certain education and training programs to provide specific information to each other within specified time periods regarding employment status and the status of the veteran's enrollment on at least a half-time basis in an approved and accredited Florida health care education and training program;
- Authorizes grounds for denial of an MMACOF Health Care Certificate or disciplinary action against a certificate holder;
- Authorizes both the DOH or the BOM to issue disciplinary orders;
- Authorizes the DOH to make rules for certificate renewal; the BOM to make rules to establish guidelines for the disposition of disciplinary cases; and the DOH and the BOM to make rules to implement s. 295.126, F.S.; and
- Amends s. 295.21, F.S. to authorize the creation of a subprogram dedicated to health care services employment,

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/13/2022	.	
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	.	

The Committee on Health Policy (Torres) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 295.126, Florida Statutes, is created to
read:

295.126 Military Medics and Corpsmen of Florida (MMACOF)
program.-

(1) DEFINITIONS.-As used in this section, the term:

(a) "Department" means the Department of Health.



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11 (b) "Military-trained health care veteran" means a person
12 who:

13 1. Has served within the preceding consecutive 12 months as
14 a medic in the United States Army, a medical technician in the
15 United States Air Force, a hospital corpsman in the United
16 States Navy, or a health services technician in the United
17 States Coast Guard;

18 2. Was discharged or separated from military service under
19 conditions other than dishonorable;

20 3. Has received MMACOF Health Care Program Qualified Status
21 from the department under paragraph (3) (a);

22 4. Is enrolled, on at least a half-time basis, in an
23 approved and accredited Florida health care education and
24 training program specific to the health care field for which the
25 department has issued the MMACOF Health Care Program Qualified
26 Status; and

27 5. Has applied for and received approval from the
28 department for the MMACOF Health Care Certification program.

29 (c) "Participating health care provider" means:

30 1. A physician licensed under chapter 458 or an osteopathic
31 physician licensed under chapter 459;

32 2. A professional corporation or partnership of physicians
33 licensed under chapter 458 or osteopathic physicians licensed
34 under chapter 459;

35 3. A hospital or ambulatory surgical center licensed under
36 chapter 395;

37 4. An office registered under s. 458.328 or s. 459.03198;

38 5. A commercial enterprise having medical facilities for
39 its employees, which are supervised by one or more physicians



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40 licensed under chapter 458 or osteopathic physicians licensed
41 under chapter 459; or

42 6. A facility that is licensed under chapter 395 which
43 offers medical services to the public and is supervised by one
44 or more physicians licensed under chapter 458 or osteopathic
45 physicians licensed under chapter 459.

46 (d) "Veteran" has the same meaning as in s. 1.01(14) or
47 means a former member of the Florida National Guard.

48 (2) PROGRAM ESTABLISHMENT AND PURPOSES.—The department, in
49 collaboration with Florida Is For Veterans, Inc., may establish
50 and administer the Military Medics and Corpsmen of Florida
51 (MMACOF) program. The purpose of the program is to offer
52 clinical, leadership, and nonclinical career pathways to
53 veterans and their spouses seeking careers in health care or
54 health care-related fields within this state.

55 (3) PROGRAM COMPONENTS.—The MMACOF program shall consist of
56 the following components:

57 (a) MMACOF Health Care Certification program.—

58 1. Florida Is For Veterans, Inc. shall recruit and review
59 the military eligibility of veterans according to the military
60 requirements for acceptance into the MMACOF Health Care
61 Certification program.

62 2. Florida Is For Veterans, Inc., shall assist each
63 individual veteran in completing a department MMACOF Health Care
64 Certification program application form, which much be developed
65 by the department and each board, or the department if there is
66 no board. The department shall waive the application fee,
67 certificate fee, and unlicensed activity fee for such
68 applicants.



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69 3. The MMACOF Health Care Certification program application
70 must include, but is not limited to the following information:

71 a. The individual's civilian and military education; health
72 care education and training; a list of practice skills regularly
73 performed in the military during service as a medic in the
74 United States Army, a medical technician in the United States
75 Air Force, a hospital corpsman in the United States Navy, or a
76 health services technician in the United States Coast Guard; and
77 any other health care-related education or experience the
78 individual has received as a civilian or active duty
79 servicemember; and

80 b. (I) A disclosure by the MMACOF Health Care Certification
81 program applicant stating whether or not he or she is currently
82 enrolled, on at least a half-time basis, in an approved and
83 accredited Florida health care education and training program
84 for a specified health care practice areas listed in
85 subparagraph 6., and the status of that enrollment; or

86 (II) If the MMACOF Health Care Certification program
87 applicant is not currently enrolled in an approved and
88 accredited Florida health care education and training program,
89 the applicant's preference for the health care practice area in
90 which he or she seeks to pursue future education and training
91 and, if known, which approved and accredited Florida health care
92 education and training program he or she plans to enter under
93 the MMACOF Health Care Certification program.

94 4. Florida Is For Veterans, Inc., shall recruit, establish,
95 and maintain a statewide list of MMACOF Health Care
96 Certification program participating health care providers.
97 Participating health care providers must agree to employ



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98 unlicensed but military-trained health care veterans who hold an
99 MMACOF Health Care Certificate in specific health care fields;
100 who are qualified to perform specific health care skills under
101 the direct supervision of a licensed health care provider in the
102 specific field, and who are enrolled on at least a half-time
103 basis in an approved and accredited Florida health care
104 education and training program for the health care field
105 specified on the veteran's MMACOF Health Care Certificate.

106 5. Florida Is For Veterans, Inc., shall assist veterans who
107 hold an MMACOF Health Care Certificate in identifying
108 participating health care providers for potential employment,
109 including providing assistance with resume writing, application
110 completion, and interviewing skills.

111 6. The Board of Medicine shall review, in consultation with
112 any other professional board it deems appropriate, each
113 veteran's individual MMACOF Health Care Certification program
114 application and, based on criteria set forth in board rule,
115 shall determine within 30 days in which of the following health
116 care practice areas the individual veteran is eligible to
117 practice under the direct supervision of a health care
118 practitioner, as defined by the specific profession's practice
119 act, while the veteran is enrolled on at least a half-time basis
120 in an approved and accredited Florida health care education and
121 training program for such practice areas:

- 122 a. Certified nursing assistant;
- 123 b. Dental assistant;
- 124 c. Dental hygienist;
- 125 d. Emergency medical technologist;
- 126 e. Licensed practical nurse;



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127 f. Laboratory technologist;
128 g. Medical assistant;
129 h. Optician;
130 i. Physician assistant;
131 j. Occupational therapy assistant;
132 k. Radiologic technologist;
133 l. Registered nurse;
134 m. Respiratory care or therapy technician;
135 n. Paramedic;
136 o. Pharmacy technician;
137 p. Physical therapist assistant; or
138 q. Physical therapist.

139 7. The Board of Medicine shall delineate the practice
140 skills that the military-trained health care veteran is
141 permitted to perform under the direct supervision of a licensed
142 health care practitioner in the field in which the veteran is to
143 practice.

144 8. Once the Board of Medicine has determined from the
145 information submitted by the MMACOF Health Care Certification
146 program applicant that he or she has sufficient civilian or
147 military health care education and training in one or more
148 health care practice areas set out in subparagraph 6., the
149 veteran's application shall be given "MMACOF Health Care Program
150 Qualified" status and the veteran shall be notified of this
151 status in writing within 14 days. The department must also
152 provide the veteran with a list of practice skills the Board of
153 Medicine has determined he or she has experience to perform
154 under direct supervision when employed by a participating health
155 care provider after obtaining his or her MMACOF Health Care



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156 Certificate. The notification to the veteran of "MMACOF Health
157 Care program Qualified" status must include instructions on how
158 the veteran may obtain an MMACOF Health Care Certificate.

159 9. The Board of Medicine's initial determination of the
160 veteran's "MMACOF Program Health Care Qualified" status expires
161 18 months after its first issuance, unless the veteran applies
162 for an MMACOF Health Care Certificate before the expiration
163 date.

164 10. To obtain an MMACOF Health Care Certificate, a veteran
165 whose MMACOF Health Care Certification application is in "MMACOF
166 Program Health Care Qualified" status must provide to the
167 department documentation of his or her enrollment on at least a
168 half-time basis, signed by the registrar or similar
169 representative of the approved and accredited Florida health
170 care education and training program, for his or her approved
171 health care field on a form or in the manner prescribed by
172 department rule.

173 11. Upon receipt by the department of the veteran's proof
174 of at least half-time enrollment in an approved and accredited
175 Florida health care education and training program for the
176 health care field for which the veteran is "MMACOF Program
177 Health Care Qualified," the department may issue to the veteran
178 an MMACOF Health Care Certificate that qualifies the unlicensed
179 veteran for employment with a participating health care provider
180 in a position matching the health care field listed on the
181 veteran's MMACOF Health Care Certificate.

182 12. The veteran's MMACOF Health Care Certificate is valid
183 for the length of time the veteran remains actively enrolled on
184 at least a half-time basis in an approved and accredited Florida



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185 health care education and training program, and he or she may
186 continue to practice the skills approved by the Board of
187 Medicine in a participating civilian health care provider
188 setting while enrolled on at least a one-half time basis in an
189 accredited and approved Florida health care educational and
190 training program or accredited nursing program, as provided by
191 s. 464.019(4) (a).

192 13. The department shall provide by rule a method for
193 annual renewal of military-trained health care veterans' MMACOF
194 Program Health Care Certifications.

195 14. A MMACOF Health Care Certificateholder must provide the
196 department and Florida Is For Veterans, Inc., with the following
197 information within 10 days after civilian employment under his
198 or her MMACOF Health Care Certificate with a participating
199 health care provider:

200 a. The name, address, and telephone number of the
201 participating health care provider that employs the military-
202 trained health care veteran; and

203 b. The name and phone number of a contact health care
204 provider who is responsible for supervising the military-trained
205 health care veteran and who shall be in possession of a copy of
206 the list of practice skills for which the board has determined
207 the military-trained health care veteran has sufficient
208 experience to perform under supervision with his or her MMACOF
209 Health Care Certificate.

210 15. An MMACOF Health Care Certificateholder must notify the
211 department and Florida Is For Veterans, Inc., in writing within
212 10 days after:

213 a. The military-trained health care veteran's termination



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214 of employment with his or her participating health care
215 provider; or

216 b. The military-trained health care veteran's failure to
217 remain in or maintain active enrollment on at least a half-time
218 basis in an approved and accredited Florida health care
219 education and training program.

220 16. A participating health care provider that employs a
221 military-trained health care veteran in any capacity must notify
222 the department and Florida Is For Veterans, Inc., in writing
223 within 10 days after the employment termination of a military-
224 trained health care veteran, including the reasons for the
225 termination.

226 17. An approved and accredited Florida health care
227 education and training program that has enrolled a military-
228 trained health care veteran who holds a MMACOF Health Care
229 Certificate and who is employed by a participating health care
230 provider must notify the department and Florida Is For Veterans,
231 Inc., in writing within 10 days after the:

232 a. Termination of the military-trained health care
233 veteran's enrollment from the approved and accredited Florida
234 health care education and training program for any reason,
235 specifying the reasons for termination;

236 b. Military-trained health care veteran's enrollment
237 dropping below a half-time basis; or

238 c. Military-trained health care veteran's class absences
239 being of sufficient number to cause the military-trained health
240 care veteran to drop or fail classes, dropping his or her
241 enrollment to less than a half-time basis.

242 18. The following acts constitute grounds for denial of an



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243 MMACOF Health Care Certificate or disciplinary action, as
244 specified in s. 456.072(2):

245 a. Obtaining or attempting to obtain an MMACOF Health Care
246 Certificate by bribery, fraud, or knowing misrepresentation.

247 b. Having an MMACOF Health Care Certificate revoked,
248 suspended, or otherwise acted against, including denial, in
249 another jurisdiction.

250 c. Being convicted or found guilty of, or entering a plea
251 of nolo contendere to, regardless of adjudication, a crime in
252 any jurisdiction which relates to practicing as a military-
253 trained health care veteran under an MMACOF Health Care
254 Certificate.

255 d. Willfully making or filing a false report or record,
256 willfully failing to file a report or record that directly
257 relates to practicing as a military-trained health care veteran
258 under an MMACOF Health Care Certificate, or willfully impeding
259 or obstructing the filing of a report or record required by
260 another person.

261 e. Circulating false, misleading, or deceptive advertising.

262 f. Engaging in unprofessional conduct, including any
263 departure from or failure to conform to acceptable standards
264 related to practicing as a military-trained health care veteran
265 under an MMACOF Health Care Certificate.

266 g. Engaging or attempting to engage in the illegal
267 possession, sale, or distribution of any illegal or controlled
268 substance.

269 h. Willfully failing to report any known violation of
270 chapter 457; chapter 458; chapter 459; chapter 460; chapter 461;
271 chapter 462; chapter 463; chapter 464; chapter 465; chapter 466;



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272 chapter 467; part I, part II, part III, part V, part X, part
273 XIII, or part XIV of chapter 468; chapter 478; chapter 480; part
274 I, part II, or part III of chapter 483; chapter 484; chapter
275 486; chapter 490; or chapter 491.

276 i. Engaging in the delivery of military-trained health care
277 skills without an active MMACOF Health Care Certificate.

278 j. Failing to perform any statutory or legal obligation
279 placed upon a military-trained health care veteran.

280 k. Accepting and performing professional responsibilities
281 that the certificateholder knows, or has reason to know, he or
282 she is not competent to perform.

283 l. Delegating military-trained health care skills to a
284 person the certificateholder knows, or has reason to know, is
285 unqualified by training, experience, or licensure to perform.

286 m. Being judicially determined mentally incompetent.

287 n. Being unable to practice as a military-trained health
288 care veteran with reasonable skill and safety because of a
289 mental or physical condition or illness or the use of alcohol,
290 controlled substances, or any other substance that impairs one's
291 ability to practice.

292 o. Disclosing the identity of or information about a
293 patient without written permission, except for information that
294 does not identify a patient and is used for training purposes in
295 an approved training program.

296 p. Violating any provision of this section or chapter 456,
297 or any rules adopted pursuant thereto.

298 q. The department may, upon probable cause, compel a
299 certificateholder to submit to a mental or physical examination
300 by physicians designated by the department. The cost of an



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301 examination shall be borne by the certificateholder, and his or
302 her failure to submit to such an examination shall constitute an
303 admission of the allegations against him or her, consequent upon
304 which a default and a final order may be entered without the
305 taking of testimony or presentation of evidence, unless the
306 failure was due to circumstances beyond his or her control.

307 r. A certificateholder who is disciplined under this
308 paragraph shall, at reasonable intervals, be afforded an
309 opportunity to demonstrate that he or she can resume the
310 practice as a military-trained health care veteran with
311 reasonable skill and safety.

312 s. In any proceeding under this subparagraph, the record of
313 proceedings or the orders entered by the board may not be used
314 against a certificateholder in any other proceeding.

315 19. The department or Board of Medicine may enter an order
316 denying certification or imposing any of the penalties in s.
317 456.072(2) against any applicant for certification who is found
318 guilty of any of the violations specified in s. 456.072(1).

319 20. The department or Board of Medicine may not issue or
320 reinstate a military-trained health care veteran's MMACOF Health
321 Care Certificate to a person it has deemed unqualified until it
322 is satisfied that such person has complied with the terms and
323 conditions of the final order and that the certificateholder can
324 safely practice as a medically-trained health care veteran.

325 21. The Board of Medicine may, by rule, establish
326 guidelines for the disposition of disciplinary cases involving
327 specific violations. The guidelines may include minimum and
328 maximum fines, periods of supervision on probation, or
329 conditions upon probation or reissuance of a military-trained



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330 health care veteran's MMACOF Health Care Certificate.

331 (b) No Veteran Left Behind.—Veterans who do not meet the
332 definition of the term "military-trained health care veteran"
333 but who have served in health care-related fields shall receive
334 assistance from the MMACOF program in resume writing,
335 mentorship, and obtaining employment with participating health
336 care providers.

337 (c) Health Care Leadership.—The MMACOF program shall assist
338 veterans and their spouses, in the course of the veterans'
339 military service, who have gained management experience or
340 completed any advanced degree in finding civilian health care
341 leadership and management employment in a variety of health care
342 disciplines.

343 (4) RULEMAKING AUTHORITY.—The department and the Board of
344 Medicine may adopt rules pursuant to ss. 120.536(1) and 120.54
345 to implement this section.

346 Section 2. Subsection (2) of section 295.21, Florida
347 Statutes, is amended to read:

348 295.21 Florida Is For Veterans, Inc.—

349 (2) PURPOSE.—

350 (a) The purpose of the corporation is to promote Florida as
351 a veteran-friendly state that seeks to provide veterans with
352 employment opportunities and that promotes the hiring of
353 veterans by the business community. The corporation shall
354 encourage retired and recently separated military personnel to
355 remain in the state or to make the state their permanent
356 residence. The corporation shall promote the value of military
357 skill sets to businesses in the state, assist in tailoring the
358 training of veterans to match the needs of the employment



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359 marketplace, and enhance the entrepreneurial skills of veterans.

360 (b) A subprogram dedicated to health care services
361 employment may be created under the Veterans Employment and
362 Training Services Program. The purpose of the health care
363 service program is to link veterans who have armed service
364 health care training and who are seeking employment in health
365 care fields to health care organizations seeking to hire
366 dedicated, well-trained workers. The program is to meet the
367 health care workforce demands of this state by facilitating
368 access to training and education in health fields for veterans
369 and to promote the health care licensing programs provided by
370 the state.

371 Section 3. This act shall take effect July 1, 2022.

372
373 ===== T I T L E A M E N D M E N T =====

374 And the title is amended as follows:

375 Delete everything before the enacting clause
376 and insert:

377 A bill to be entitled
378 An act relating to the Military Medics and Corpsmen of
379 Florida program; creating s. 295.126, F.S.; defining
380 terms; authorizing the Department of Health to
381 establish the Military Medics and Corpsmen of Florida
382 (MMACOF) program in collaboration with Florida Is For
383 Veterans, Inc.; providing the purpose of MMACOF;
384 providing the components of the program; requiring
385 Florida Is For Veterans, Inc., to recruit and review
386 the eligibility of certain veterans for the program;
387 requiring Florida Is For Veterans, Inc., to assist



388 certain veterans with certain applications; requiring
389 the department to waive certain fees for such
390 applicants; providing application requirements;
391 requiring certain disclosures by an applicant;
392 requiring Florida Is For Veterans, Inc., to recruit,
393 establish, and maintain a statewide list of
394 participating health care providers; requiring the
395 participating health care providers to agree to
396 specified terms; requiring Florida Is For Veterans,
397 Inc., to assist such veterans with identifying and
398 applying to a participating health care providers for
399 employment; requiring the board to determine the areas
400 in which such veterans are eligible to practice;
401 requiring the board to specify which skills such
402 veterans may practice under direct supervision;
403 requiring the board to place such veterans in a
404 specified status if certain conditions are met;
405 requiring the department to provide such veterans with
406 specified information; providing that a certain status
407 expires within a certain timeframe if not renewed
408 before a specified date; requiring certain veterans to
409 provide specified information to the department;
410 authorizing the department to issue a certain
411 certificate to such veterans under specified
412 conditions; requiring the department to provide by
413 rule a method to renew such certificate; requiring
414 such veterans to provide the department specified
415 information within a certain timeframe after
416 employment; requiring a certificateholder to provide



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417 Florida Is For Veterans, Inc., with specified
418 information within a certain timeframe; requiring
419 participating health care providers to provide certain
420 information to the department and to Florida Is For
421 Veterans, Inc., within a certain timeframe; requiring
422 certain education and training programs to provide the
423 department and Florida Is For Veterans, Inc., with
424 specified information within a specified timeframe;
425 providing acts that are grounds for denial of a
426 certificate or disciplinary action authorizing the
427 department or the board to enter certain orders;
428 prohibiting the department or the board from issuing
429 or reinstating a certificate until certain conditions
430 are met by the veteran; requiring the board to adopt
431 rules relating to disciplinary action; providing that
432 veterans who do not meet program requirements may
433 receive certain assistance from the program; requiring
434 the program to assist veterans and their spouses with
435 obtaining certain employment; authorizing the
436 department and the board to adopt rules; amending s.
437 295.21, F.S.; providing the purpose for a health care
438 service program for veterans through Florida Is For
439 Veterans, Inc.; providing an effective date.

By Senator Torres

15-00723-22

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1 A bill to be entitled
 2 An act relating to the Military Medics and Corpsmen of
 3 Florida program; creating s. 295.126, F.S.; defining
 4 terms; requiring the Department of Veterans' Affairs
 5 and the Department of Health to establish and
 6 administer the program; providing program purposes;
 7 providing for eligibility; providing program
 8 components; authorizing medically trained veterans
 9 participating in the program to perform certain
 10 medical activities under specified supervision;
 11 providing an effective date.

12

13 Be It Enacted by the Legislature of the State of Florida:

14

15 Section 1. Section 295.126, Florida Statutes, is created to
 16 read:

17 295.126 Military Medics and Corpsmen of Florida (MMACOF)
 18 program.—

19 (1) DEFINITIONS.—As used in this section, the term:
 20 (a) "Medically trained veteran" means a person who has
 21 served within the preceding 12 months as a medic in the United
 22 States Army, a medical technician in the United States Air
 23 Force, or a hospital corpsman in the United States Navy or the
 24 United States Coast Guard, who was discharged or separated from
 25 service under conditions other than dishonorable, and who has
 26 performed more than 50 percent of the required scope of specific
 27 health care practice skills established pursuant to subsection
 28 (3).

29 (b) "Participating health care provider" means:

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 1. A physician licensed under chapter 458;
 31 2. An osteopathic physician licensed under chapter 459;
 32 3. A professional corporation or partnership of a licensed
 33 physician or osteopathic physician;
 34 4. A hospital;
 35 5. A commercial enterprise having medical facilities for
 36 its employees which are supervised by one or more licensed
 37 physicians or osteopathic physicians; or
 38 6. A facility that offers medical services to the public
 39 and that is supervised by one or more licensed physicians or
 40 osteopathic physicians.

41 (c) "Veteran" means a veteran as defined in s. 1.01(14) or
 42 a former member of the Florida National Guard.

43 (2) PROGRAM ESTABLISHMENT AND PURPOSES.—The Department of
 44 Veterans' Affairs, in collaboration with the Department of
 45 Health, shall establish and administer the Military Medics and
 46 Corpsmen of Florida (MMACOF) program. The purpose of the program
 47 is to offer clinical, leadership, and nonclinical career
 48 pathways to veterans seeking health care careers within this
 49 state. The Department of Veterans' Affairs shall recruit and
 50 review the eligibility of veterans according to the requirements
 51 established pursuant to subsection (3). In collaboration with
 52 local, state, and federal government nonprofit health care
 53 associations and state health care systems, the Department of
 54 Veterans' Affairs shall refer eligible veterans to participating
 55 health care providers throughout this state in order to gain
 56 employment, maintain medical skills, address the shortage of
 57 health care professionals in this state, and work toward
 58 obtaining appropriate health care registration, certification,

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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59 or licensure.

60 (3) ELIGIBILITY.—The Department of Veterans' Affairs, in
 61 collaboration with the Department of Health, shall establish
 62 general eligibility requirements for veterans to participate in
 63 the MMACOF program. Eligibility requirements for medically
 64 trained veterans shall include a required scope of specific
 65 health care practice skills.

66 (4) PROGRAM COMPONENTS.—The MMACOF program shall consist of
 67 the following components:

68 (a) MMACOF Qualified.—Through the MMACOF program, medically
 69 trained veterans who have performed more than 50 percent of the
 70 required scope of specific health care practice skills
 71 established pursuant to subsection (3) within the preceding 12
 72 months may continue practicing those skills in a civilian health
 73 care setting as provided in subsection (5), while obtaining the
 74 appropriate health care registration, certification, or
 75 licensure.

76 (b) No Veteran Left Behind.—Veterans who do not meet the
 77 definition of the term "medically trained veteran" but who have
 78 served in health care-related specialties shall receive
 79 assistance by the MMACOF program in resume writing, mentorship,
 80 and obtaining employment with participating health care
 81 providers.

82 (c) Health Care Leadership.—The MMACOF program shall assist
 83 veterans who, in the course of their military service, gained
 84 management experience or completed advanced degrees in finding
 85 civilian health care leadership and management employment in a
 86 variety of health care disciplines.

87 (5) ACTIVITIES PERFORMED BY MEDICALLY TRAINED VETERANS.—

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88 (a) Notwithstanding any provision of law to the contrary, a
 89 medically trained veteran participating in the MMACOF program
 90 may:

91 1. Perform activities that constitute the practice of
 92 medicine under the direct supervision of a physician licensed
 93 under chapter 458, an osteopathic physician licensed under
 94 chapter 459, or the chief medical officer of a participating
 95 health care provider.

96 2. Perform activities that constitute the practice of
 97 nursing under the direct supervision of a physician licensed
 98 under chapter 458, an osteopathic physician licensed under
 99 chapter 459, or the chief medical officer of a participating
 100 health care provider, except that the chief medical officer of a
 101 participating health care provider may, in consultation with the
 102 chief nursing officer of such participating health care
 103 provider, designate a registered nurse licensed under chapter
 104 464 or practicing with a multistate license to supervise
 105 medically trained veterans in the practice of nursing.

106 (b) The activities performed by the medically trained
 107 veteran shall reflect his or her level of training and
 108 experience. The supervising physician or registered nurse, as
 109 applicable, shall retain responsibility for the care of the
 110 patient.

111 Section 2. This act shall take effect July 1, 2022.



The Florida Senate

Committee Agenda Request

To: Senator Manny Diaz, Jr., Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: December 2, 2021

I respectfully request that **Senate Bill #446**, relating to Military Medics and Corpsmen of Florida Program, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in black ink, appearing to read "Victor M. Torres, Jr.".

Senator Victor M. Torres, Jr.
Florida Senate, District 15



2022 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Florida Department of Health

<u>BILL INFORMATION</u>	
BILL NUMBER:	466
BILL TITLE:	Military Medics and Corpsmen of Florida Program
BILL SPONSOR:	Torres
EFFECTIVE DATE:	July 1, 2022

<u>COMMITTEES OF REFERENCE</u>
1) Health Policy
2) Military and Veterans Affairs, Space & Domestic Sec.
3) Appropriations
4) Click or tap here to enter text.
5) Click or tap here to enter text.

<u>CURRENT COMMITTEE</u>
Click or tap here to enter text.

<u>SIMILAR BILLS</u>	
BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.
YEAR:	Click or tap here to enter text.
LAST ACTION:	Click or tap here to enter text.

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	131
SPONSOR:	Woodson

<u>Is this bill part of an agency package?</u>
No

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	11/19/2021
LEAD AGENCY ANALYST:	Janet Hartman
ADDITIONAL ANALYST(S):	Click or tap here to enter text.
LEGAL ANALYST:	Louise St. Laurent
FISCAL ANALYST:	Jonathan Sackett

POLICY ANALYSIS

- Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
- Monitor and manage patients with stable chronic diseases.
- Establish behavioral problems and diagnosis and make treatment recommendations.

In accordance with section 464.003(19), a Registered Nurse may perform acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

- The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
- The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
- The supervision and teaching of other personnel in the theory and performance of any of the acts described in this subsection.

In accordance with section 464.003(18), a Licensed Practical Nurse may perform selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and the teaching of general principles of health and wellness to the public and to students other than nursing students.

In accordance with section 464.201(5), Florida Statutes, a Certified Nursing Assistant may provide care and assistance to persons with tasks related to the activities of daily living. This includes tasks associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents' or patients' rights, documentation of nursing-assistant services. Other tasks may be performed upon completion of training beyond the minimum qualifications for initial certification and upon validation of competence in that skill by a registered nurse.

In accordance with section 401.23, Florida Statutes, an Emergency Medical Technician may perform basic life support techniques. Basic life support includes the treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation.

Qualifications for Licensure

Protection of the public is incumbent upon the accurate determination that a health care professional is qualified to practice the health care profession for which they are seeking licensure. Florida statutes delineate the minimum qualifications for each license based on the profession and the associated scope of practice. However, all professions have the same general categories of requirements for licensure, including:

- Minimum educational requirements. This requirement may also encompass an internship program or residency training.
- Successful examination completion. Most health care professions require the successful completion of a national examination to demonstrate competency.
- Criminal history evaluation. All applicants are required to disclose prior criminal history, professions identified in section 456.0135, Florida Statutes, require electronic fingerprint submission. Certain criminal activity reflected in the history may preclude licensure.

Licensure for Licensed Practical Nurse (LPN) and Registered Nurse (RN) are in accordance with section 464.003, Florida Statutes, and include the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Graduation from a Florida approved, or accredited LPN or RN nursing education program as defined in section 464.003, Florida Statutes, or
- Graduation from an Accreditation Commission for Education in Nursing (ACEN) or Commission on Collegiate Nursing Education (CCNE) accredited LPN or RN nursing program that has been issued a National Council Licensure Examination (NCLEX) code by the National Council or State Boards of Nursing (NCSBN); or
- Graduation from an LPN or RN nursing education program that is approved or recognized by the jurisdiction in which it is based and that has been issued an NCLEX code by the NCSBN; or
- Graduation from a military nursing education program that has been issued an NCLEX code by NCSBN; or
- Graduation from a generic Master of Science in Nursing (MSN) or higher program that has been issued an NCLEX code by NCSBN; or
- Graduation from a non-NCSBN jurisdiction (e.g. Puerto Rico), or international nursing education program that the board determines to be equivalent to an approved program; or
- There are specific qualifications related to Canadian Registered Nurses who took the Canadian Nurses Association Testing Service (CNATS) Examination. or
- Successful completion of courses in a registered nursing education program that are equivalent to a practical nursing education program – Practical Nurse Examination based on practical nursing Equivalency (PNEQ).

Licensed Practical Nurses and Registered Nurses may also qualify for licensure in Florida by meeting endorsement qualifications (holding a valid license in another state and meeting other minimum qualifications) or by Nurse Licensure Compact.

Qualifications for Certified Nursing Assistant are in accordance with section 464.203, Florida Statutes, includes the following minimum education qualifications and exam requirements, with noted alternative methods to meet requirements:

- Successful completion of an approved training program and achieved a minimum score on the nursing assistant competency examination. The examination consists of a written portion and skills-demonstration portion approved by the board and administered at a site and by personnel approved by the department; or
- Achieve a minimum score, established by rule of the board, on the nursing assistant competency examination, and has a high school diploma, or its equivalent; or is at least 18 years of age; or
- Completion of the curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant and achieved a minimum score on the nursing assistant competency examination.

Certified Nursing Assistants may qualify for licensure by endorsement if they are currently certified in another state or territory of the United States or District of Columbia and successfully complete criminal history and discipline history requirements.

Qualifications for Emergency Medical Technician are in accordance with section 401.27, Florida Statutes, and include the following minimum requirements:

- Out of state or military applicants trained in accordance with either the 1994 U.S. DOT EMT-Basic National Standard Curriculum or the January 2009 U.S. DOT National EMS Education Standards and currently hold a valid EMT certification from the National Registry of Emergency Medical Technicians (NREMT); or
- Completion of an emergency medical technician training course equivalent to the most recent emergency medical technician basic training course of the United States Department of Transportation.
 - Within 1 year after course completion have passed an examination.
 - For an emergency medical technician, hold either a current American Heart Association cardiopulmonary resuscitation course card or an American Red Cross cardiopulmonary resuscitation course card or its equivalent.

The Veteran and Military Family Opportunity Act provides assistance to members of the Florida National Guard or the United States Armed Forces Reserves who is seeking licensure or qualification for a trade, occupation, or profession who is ordered to active duty that interrupts or prevents the start of the member's training, study, apprenticeship, or practical experience is entitled to licensure or qualification under the laws in effect at the time of his or her entrance into active duty. Training and practical experience received while in the Florida National Guard or the United States Armed Forces Reserves will be accepted in place of the interrupted or delayed periods of training, study, apprenticeship, or practical experience if the board finds the standard and type of work or training performed to be substantially the same as the standard and type required under the laws of this state. The member must request licensure within six months after release from active duty with the Florida National Guard or the United States Armed Forces Reserves (See section 250.483, Florida Statutes).

Spouses of active duty military personnel may be required to relocate frequently due to deployment assignments. Florida law provides authority to assist the spouses of active military and veterans, including expedited licensure, temporary licensure, fee waiver, and renewal exemptions.

2. EFFECT OF THE BILL:

The bill creates the Military Medics and Corpsman of Florida (MMACOF) program to offer clinical, nonclinical, and leadership career pathways to veterans seeking health care careers in Florida. The MMACOF is designated to be established and administered by the Department of Veterans' Affairs (DVA), in collaboration with the Department of Health (DOH). The program is designed to consist of three components: MMACOF qualified, no veteran left behind, and healthcare leadership. The bill requires DVA to recruit and review the eligibility of veterans to participate in the MMACOF program pursuant to general requirements established by DVA, in collaboration with DOH.

The bill requires DVA to refer eligible veterans to participating health care entities to gain employment, maintain medical skills, address the shortage of health care professionals in this state, and work toward obtaining appropriate health care registration, certification, or licensure. "Participating health care provider" is defined in the bill as any of the following:

- A medical doctor licensed in Florida.
- An osteopathic physician licensed in Florida.
- A professional corporation or partnership of a licensed medical doctor or osteopathic physician.
- A hospital.
- A commercial enterprise having medical facilities for its employees which are supervised by one or more licensed medical doctors or osteopathic physicians.
- A facility that offers medical services to the public and that is supervised by one or more licensed medical doctors or osteopathic physicians.

MMACOF Qualified

The bill specifies eligibility requirements to participate in the MMACOF and specifies the individual must be a "medically trained veteran." A medically trained veteran is defined in the bill as "a person who has served within the preceding 12 months as one of the following: a medic in the United States Army, a medical technician in the United States Air Force, or a hospital corpsman in the United States Navy or the United States Coast Guard who has performed more than 50 percent of the required scope of specific health care practice skills established by DVA and who was discharged or separated from service under conditions other than dishonorable."

Once qualified, the bill authorizes the medically trained veteran to continue practicing in a civilian health care setting while obtaining appropriate health care registration, certification, or licensure. The bill provides that notwithstanding any provision of law to the contrary, a medically trained veteran participating in the MMACOF program may:

- Perform activities that constitute the practice of medicine under the direct supervision of a medical doctor licensed in Florida, an osteopathic physician licensed in Florida, or the chief medical officer of a participating health care provider.

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL? Y N

Board:	N/A
Board Purpose:	N/A
Who Appoints:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	The Department of Health (DOH), Division of Medical Quality Assurance (MQA) may experience a recurring increase in workload and cost associated with the collaboration with the Department of Veterans’ Affairs for the Military Medics and Corpsman of Florida program. It is unclear the role that DOH/MQA will contribute; therefore, the fiscal impact is indeterminate.

TECHNOLOGY IMPACT

1. **DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)?** Y N

If yes, describe the anticipated impact to the agency including any fiscal impact.	The Department of Health, Division of Medical Quality Assurance will experience a nonrecurring increase in workload and costs associated with updating the Licensing and Enforcement Information Database System, Online Service Portal, Cognitive Virtual Agent, License Verification Search Page, and Board websites to support the new pathway for medically trained veterans to obtain licensure through the Military Medics and Corpsman of Florida program.
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FEDERAL IMPACT

1. **DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)?** Y N

If yes, describe the anticipated impact including any fiscal impact.	N/A
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ADDITIONAL COMMENTS

After review of the bill and analysis, the role by FDOH is unclear, with the exception of assumed licensure regulatory activities through successful obtainment of licensure via the MMACOF Program for qualified participants. There may be an increase of associated revenues and expenditures as a result; however, it is unknown at this time and fiscal impact cannot be determined.

The term “scope of specific health care skills” is undefined. See lines 26-27. The bill does not provide clear guidance to the Department of Veterans’ Affairs (DVA) or Department of Health (DOH) regarding the development of this list of skills. The bill does not authorize rulemaking to allow DVA, in collaboration with DOH, to establish the eligibility requirements for or the scope of health care skills for veterans participating in the Military Medics and Corpsman of Florida (MMACOF) program as required in Lines 60-65.

The DOH’s only responsibility under the bill is to collaborate with the DVA as specified on line 61. This language does not provide authority for DOH to regulate these program participants in any manner. Participants would not be included in DOH’s licensure verification database and DOH would not have the authority to investigate complaints about the practice of these program participants. It is unclear who, if anyone, could discipline program participants. Patients could not verify if the program participant is covered by malpractice insurance.

The bill requires that all activities performed by a medically trained veteran must reflect his or her level of training and experience. However, the bill does not include any provisions allowing the DVA to distinguish different scopes of practice based on the different types of training provided by the military. The bill provides that the scope of practice for program participants who are not supervised by a nurse, is the “practice of medicine” which includes all health care practices, up to and including surgery.

The bill authorizes medically trained veterans to practice in a civilian health care setting while obtaining appropriate health care registration, certification, or licensure. Lines 72-75. The bill provides no definitions or requirements for



2022 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Florida Department of Veterans Affairs

BILL INFORMATION

BILL NUMBER:	SB 466
BILL TITLE:	Military Medics and Corpsmen of Florida Program
BILL SPONSOR:	Sen. Torres
EFFECTIVE DATE:	1 July 2022

COMMITTEES OF REFERENCE

1) Health Policy
2) Military and Veterans Affairs, Space, and Domestic Security
3) Appropriations
4) Click or tap here to enter text.
5) Click or tap here to enter text.

CURRENT COMMITTEE

Health Policy

SIMILAR BILLS

BILL NUMBER:	Click or tap here to enter text.
SPONSOR:	Click or tap here to enter text.

PREVIOUS LEGISLATION

BILL NUMBER:	N/A
SPONSOR:	N/A
YEAR:	N/A
LAST ACTION:	N/A

IDENTICAL BILLS

BILL NUMBER:	HB 131
SPONSOR:	Rep Woodson

Is this bill part of an agency package?

No

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	14 October 2021
LEAD AGENCY ANALYST:	Roy Clark III
ADDITIONAL ANALYST(S):	Christian Cochran
LEGAL ANALYST:	Chuck Faircloth
FISCAL ANALYST:	Click or tap here to enter text.

Bill Section Number(s):	N/A
-------------------------	-----

6. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL? Y N

Board:	Click or tap here to enter text.
Board Purpose:	Click or tap here to enter text.
Who Appoints:	Click or tap here to enter text.
Changes:	Click or tap here to enter text.
Bill Section Number(s):	Click or tap here to enter text.

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y N

Revenues:	None
Expenditures:	The bill will require FDVA to obtain additional FTEs to support this mission which would include establishing a separate bureau to handle recruitment, placement, and determining eligibility of veterans for the program.
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	None

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y N

Revenues:	Unable to determine
-----------	---------------------

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y N

If yes, describe the anticipated impact to the agency including any fiscal impact.	None
--	------

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y N

If yes, describe the anticipated impact including any fiscal impact.	None
--	------

ADDITIONAL COMMENTS

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	<p>The main legal issue with this bill is the question of whether FDVA has the authority to determine veterans' healthcare qualifications. Pursuant to Chapter 456 <i>et seq.</i>, Fla.Stat., the Florida Department of Health has sole statutory authority to determine health care professionals' qualifications to practice. The bill, however, places the responsibility for review of health care skills for program eligibility on to FDVA, stating:</p> <p><i>The Department of Veterans' Affairs shall recruit and review the eligibility of veterans...Eligibility requirements for medically trained veterans shall include a required scope of specific health care practice skills.</i></p> <p>The review of a veterans' specific health care practice skills to determine whether the skills meet Florida minimum competency standards is a task for the Department of Health, not FDVA. I would recommend amendment of the bill to place this review responsibility on the Department of Health. A few FDVA personnel will not have the expertise or experience required to review the varied health care positions covered by this bill. The Department of Health has the existing authority, and experienced staff with expertise in all these licensing types. The Department of Health can therefore more effectively and efficiently determine veterans' qualifications. FDVA can recruit veterans for the program, and once cleared by DOH, can assist in placing the veteran in an appropriate health care position.</p>
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The Florida Senate

APPEARANCE RECORD

1/12/22

Meeting Date

486

Bill Number or Topic

Health Policy
Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Phillip Susserman

Phone

Address

Email

Street

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without
compensation or sponsorship.

I am a registered lobbyist,
representing:

Americans for Prosperity

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

01/13/22

The Florida Senate
APPEARANCE RECORD

466

Deliver both copies of this form to
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Meeting Date
Health Policy
Committee

Bill Number or Topic

Amendment Barcode (if applicable)

Name Jimmie T Smith

Phone 352 322 3341

Address 7225 W Riverchase rd

Email JSmith@CVYA.org

Street
Dannellon FL 34433
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

13 JAN 2022

SB466

Meeting Date

Bill Number (if applicable)

Topic Military Medics and Corpsmen of Florida Program

Amendment Barcode (if applicable)

Name Robert "Bob" Asztalos

Job Title Deputy Executive Director

Address 400 S. Monroe Street Ste 2105

Phone 850-487-1533

Street

Tallahassee

FL

32399

Email AsztalosB@FDVA.State.FL.US

City

State

Zip

Speaking: For Against Information

Waive Speaking: In Support Against
(The Chair will read this information into the record.)

Representing Florida Department of Veterans' Affairs

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Education

BILL: SB 538

INTRODUCER: Senator Hooper

SUBJECT: Private Instructional Personnel Providing Applied Behavior Analysis Services

DATE: January 12, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Palazesi</u>	<u>Bouck</u>	<u>ED</u>	Favorable
2.	<u>Smith</u>	<u>Brown</u>	<u>HP</u>	Favorable
3.	_____	_____	<u>RC</u>	_____

I. Summary:

SB 538 expands the definition of “private instruction personnel,” for purposes of allowing such personnel to provide services in public schools, to include a registered behavior technician who holds a nationally recognized paraprofessional certification in behavior analysis. The bill authorizes the registered behavior technician to practice in a public school under the supervision of a Board Certified Behavior Analyst or an individual licensed under ch. 490 or 491, F.S., for applied behavior analysis services, by assisting and supporting such an individual in the provision of those services.

The bill provides an effective date of July 1, 2022.

Present Situation:

Applied Behavior Analysis Services

Behavior Analysis measures outcomes through data collection and the direct observation of behavior.¹ Applied Behavior Analysis (ABA) is the use of principled methods of behavior analysis to bring about meaningful changes in socially important behaviors.² ABA is best known for its success in treating individuals with autism spectrum disorder and other developmental disabilities.³ Florida law defines ABA as “the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially

¹ Florida Association for Behavior Analysis, *What is Behavior Analysis?*, <https://www.fabaworld.org/what-is-behavior-analysis> (last visited Jan. 10, 2022).

² Association of Professional Behavior Analysts, *Identifying Applied Behavior Analysis Interventions white paper*, (2017), available at <https://cdn.ymaws.com/www.apbahome.net/resource/collection/1FDDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/APBAwhitepaperABAinterventions.pdf>, at 16 (last visited Jan. 10, 2022).

³ Behavior Analyst Certification Board, *Autism & Intellectual/Development Disabilities*, https://www.bacb.com/wp-content/uploads/2020/05/Behavioral-Treatment-of-Autism-and-Other-Developmental-Disabilities-Fact-Sheet_210108.pdf (last visited Jan. 10, 2022).

significant improvement in human behavior, including but not limited to, the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.”⁴

ABA Service Providers and Certification

Florida’s Agency for Persons with Disabilities (APD) is required to recognize a non-profit corporation for the certification of behavior analysts. The non-profit corporation is required to:⁵

- Adhere to the national standards of boards that determine professional credentials; and
- Have a mission to meet professional credentialing needs identified by behavior analysts, state governments, and consumers of behavior analysis services.

Further, the certification procedure recognized by the APD must undergo regular psychometric review and validation, pursuant to a job analysis survey of the profession and standards established by content experts in the field.⁶ The APD recognizes the certification awarded by the Behavior Analyst Certification Board, Inc.,⁷ which certifies the three provider types: Board Certified Behavior Analysts, Board Certified Assistant Behavior Analysts, and Registered Behavior Technicians.

The Behavior Analyst Certification Board’s requirements for certification are outlined below:

- Board Certified Behavior Analyst (BCBAs):⁸
 - At least a master’s degree in applied behavior analysis or a closely-related field;
 - Completion of 270 hours of graduate-level instruction in specified behavior analysis topics;
 - Completion of specified hours of supervised experiential training in ABA; and,
 - Passage of the BCBA examination.
- Board Certified Assistant Behavior Analyst (BCaBAs):⁹
 - At least a bachelor’s degree;
 - Completion of 180 classroom hours of instruction in specified behavior analysis topics;
 - Completion of specified hours of supervised experiential training in ABA; and,
 - Passage of the BCaBA examination.
- Registered Behavior Technician (RBTs):¹⁰
 - At least a high school diploma;
 - Be at least 18 years old;
 - Completion of 40 hours of training in specified behavior analysis topics;
 - Completion of the RBT competency assessment; and
 - Passage of the RBT examination.

⁴ Sections 627.6686(2)(a), F.S. and 641.31098(2)(a), F.S.

⁵ Section 393.17(2), F.S.

⁶ *Id.*

⁷ Rule 65G-4.0011, F.A.C.

⁸ Behavior Analyst Certification Board, *Board Certified Behavior Analyst Handbook*, https://www.bacb.com/wp-content/uploads/2021/09/BCBAHandbook_210915-2.pdf (last visited Jan. 10, 2022).

⁹ Behavior Analyst Certification Board, *Board Certified Assistant Behavior Analyst Handbook*, https://www.bacb.com/wp-content/uploads/2021/09/BCaBAHandbook_210915-2.pdf (last visited Jan. 10, 2022).

¹⁰ Behavior Analyst Certification Board, *Registered Behavior Technician Handbook*, https://www.bacb.com/wp-content/uploads/2021/09/RBTHandbook_210915-3.pdf (last visited Jan. 10, 2022).

The RBT is a paraprofessional certified in behavior analysis. RBTs may assist in delivering ABA services under the direction and supervision of a BCBA or a BCaBA.¹¹

ABA Services in Florida's Public Schools

In an educational setting, behavior analysis provides a scientific approach to designing, implementing, and evaluating instruction based on analyzing interactions between what the teacher does and student learning.¹²

Section 1003.572, F.S., was created in 2013,¹³ to encourage cooperation and coordination of services for students with disabilities through public and private instructional collaboration. Private instructional personnel who are hired by or contracted by parents to collaborate with public instructional personnel must be permitted to observe the student in the educational setting, act as a team with instructional personnel in the educational setting, and provide services in the educational setting.¹⁴ Private instructional personnel must undergo a background screening, and the student's public instructional personnel and principal must consent to the time and place.¹⁵

Section 1003.572, F.S., defines term "private instructional personnel" to include:¹⁶

- Individuals certified under s. 393.17, F.S., (a Board Certified Behavior Analyst) or individuals licensed under ch. 490, F.S.,¹⁷ or ch. 491, F.S.,¹⁸ for applied behavior analysis services.
- Speech-language pathologists licensed under s. 468.1185, F.S.
- Occupational therapists licensed under part III of ch. 468, F.S.
- Physical therapists licensed under ch. 486, F.S.
- Psychologists licensed under ch. 490, F.S.
- Clinical social workers licensed under ch. 491, F.S.

The statute does not expressly address other behavior analysis professionals, such as BCaBAs or RBTs.

II. Effect of Proposed Changes:

Section 1 amends s. 1003.572(1), F.S., to expand the definition of "private instruction personnel" for purposes of allowing such personnel to provide services in public schools. The

¹¹ *Id.*

¹² Behavior Analyst Certification Board, *Behavior Analysis in Education*, https://www.bacb.com/wp-content/uploads/2020/05/Behavior-Analysis-in-Education-Fact-Sheet_210108.pdf (last visited Jan. 10, 2022).

¹³ Section 5, ch. 2013-236, L.O.F.

¹⁴ Section 1003.572(3), F.S.

¹⁵ *Id.*

¹⁶ Section 1003.572(1), F.S.

¹⁷ Chapter 490, "Psychological Services Act" regulates psychological services in the state of Florida, including but not limited to, the process and requirements to become a Florida Department of Health licensed psychologist, defining the scope of practice of psychology, and the continuing education requirements of a licensed psychologist.

¹⁸ Chapter 491, regulates mental health counseling, clinical social work, and marriage and family therapy, including but not limited to the process and requirements to become a Florida Department of Health licensed marriage and family therapist, clinical social worker, and mental health counselor.

definition is expanded to include a registered behavior technician who holds a nationally recognized paraprofessional certification in behavior analysis. The bill authorizes the registered behavior technician to practice in a public school under the supervision of a Board Certified Behavior Analyst or an individual licensed under ch. 490 or 491, F.S., for applied behavior analysis services, by assisting and supporting such an individual in the provision of those services.

Section 2 provides an effective date of July 1, 2022.

III. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

IV. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

V. Technical Deficiencies:

None.

VI. Related Issues:

None.

VII. Statutes Affected:

This bill substantially amends section 1003.572 of the Florida Statutes.

VIII. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Hooper

16-00652A-22

2022538__

1 A bill to be entitled
2 An act relating to private instructional personnel
3 providing applied behavior analysis services; amending
4 s. 1003.572, F.S.; revising the definition of the term
5 "private instructional personnel" to include certain
6 registered behavior technicians; providing an
7 effective date.

8
9 Be It Enacted by the Legislature of the State of Florida:

10
11 Section 1. Present paragraphs (b) through (f) of subsection
12 (1) of section 1003.572, Florida Statutes, are redesignated as
13 paragraphs (c) through (g), respectively, and a new paragraph
14 (b) is added to that subsection, to read:

15 1003.572 Collaboration of public and private instructional
16 personnel.—

17 (1) As used in this section, the term "private
18 instructional personnel" means:

19 (b) Registered behavior technicians who have a nationally
20 recognized paraprofessional certification in behavior analysis
21 and who practice under the supervision of individuals described
22 in paragraph (a) by assisting and supporting such individuals in
23 the provision of applied behavior analysis services.

24 Section 2. This act shall take effect July 1, 2022.



The Florida Senate

Committee Agenda Request

To: Honorable Manny Diaz, Chair
Committee on Healthy Policy

Subject: Committee Agenda Request

Date: November 30, 2021

I respectfully request that **Senate Bill # 538**, relating to Private Instructional Personnel Providing Applied Behavior Analysis Services, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in black ink, appearing to read "Ed Hooper", written over a horizontal line.

Senator Ed Hooper
Florida Senate, District 16

1-13-22
Meeting Date
Health Policy
Committee

The Florida Senate
APPEARANCE RECORD

SB 538
Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Dr. Steve Coleman
Florida Association for Behavior Analysis
Address 3116 Capital Circle NE, Ste. 2
Tallahassee FL 32308
City State Zip

Phone 904-635-7155
Email STEVE_COLEMAN@FABAworld.org

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

01/13/2022

Meeting Date

Health Policy

Committee

Name James McFaddin

Address 123 S. Adams St.

Street

Tallahassee

City

FL

State

32301

Zip

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

538

Bill Number or Topic

Amendment Barcode (if applicable)

Phone 850-671-4401

Email mcfaddin@thesoutherngroup.com

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Autism Speaks

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11,045 and Joint Rule 1. [2020-2022 Joint Rules pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 890

INTRODUCER: Senator Burgess

SUBJECT: Telecommunicator Cardiopulmonary Resuscitation

DATE: January 12, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			AHS	
3.			AP	

I. Summary:

SB 890 amends s. 401.465, F.S., to require that all 911 public safety telecommunicators (PST) who make telephone calls and provide dispatch functions for emergency medical conditions complete telecommunicator cardiopulmonary resuscitation (TCR) training and continuing education, as deemed appropriate by the Department of Health (DOH). The bill defines TCR training and allows a public safety agency (PSA) to enter into a reciprocal agreement with another PSA, a dedicated telephone line, or a call center to provide TCR as long as the PSA or other agency receiving the call has PSTs who are trained in TCR.

The bill provides an effective date of July 1, 2022.

II. Present Situation:

911 Public Safety Telecommunicator Certification

Chapter 401, F.S., relates to medical telecommunications and transportation. Part I of ch. 401, F.S., is specific to the state's emergency telecommunication systems, administered by the Department of Management Services. Part II of ch. 401, F.S., is specific to the emergency medical services (EMS) grants program administered by the DOH. Part III of ch. 401, F.S., consisting of ss. 401.2101-401.465, F.S., is specific to medical transportation services and provides for the regulation of EMS by the DOH, including the licensure of EMS service entities, the certification of staff employed by those services, and the permitting of vehicles used by such staff—whether for basic life support (BLS), advanced life support (ALS), or air ambulance services (AAS).

Section 401.465, F.S., is specific to PST certification, as administered as part of the DOH EMS program. For purposes of that section of statute, the following terms are defined:¹

- “911 public safety telecommunicator” means a public safety dispatcher or 911 operator whose duties and responsibilities include the answering, receiving, transferring, and dispatching functions related to 911 calls; dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency; providing real-time information from federal, state, and local crime databases; or supervising or serving as the command officer to a person or persons having such duties and responsibilities. However, the term does not include administrative support personnel, such as, but not limited to, those whose primary duties and responsibilities are in accounting, purchasing, legal, and personnel.
- “Public safety telecommunication training program” means a 911 emergency public safety telecommunication training program that the DOH determines to be equivalent to the public safety telecommunication training program curriculum framework developed by the Department of Education (DOE) and consists of not less than 232 hours.

Any person employed as a PST at a public safety answering point, as defined in s. 365.172(3), F.S.,² must be certified by the DOH. A public safety agency, as defined in s. 365.171(3)(d), F.S.,³ may employ a PST for a period not to exceed 12 months if the trainee works under the direct supervision of a certified 911 public safety telecommunicator, as determined by rule of the DOH, and is enrolled in a PST training program. An applicant for certification or recertification as a PST must apply to the DOH under oath on DOH-provided forms. The DOH establishes by rule educational and training criteria for the certification and recertification of PSTs, determines whether the applicant meets the statutory and rule requirements, and issues a certificate to any person who meets such requirements including those specific to training program completion, an oath of no addiction, an oath that there is no physical or mental impairment, application fee, application submission, and passage of a certification examination.⁴

A PST certification expires automatically if not renewed at the end of the two-year period and may be renewed if the certificate holder meets the DOH-established qualifications. The DOH establishes by rule a procedure that requires 20 hours of training for the biennial renewal certification of PSTs. The DOH may suspend or revoke a certificate at any time if it determines that the certificate holder does not meet the applicable qualifications. There is a process by which a certificate holder may request that his or her certificate be placed on inactive status.⁵

A person who was employed as a PST or a state-certified firefighter before April 1, 2012, must pass the examination approved by the DOH which measures the competency and proficiency in the subject material of the PST program, and upon passage of the examination, the completion of the PST training program is waived. In addition, the requirement for certification as a PST is

¹ Section 401.465(1), F.S.

² Section 365.172 (3)(y), F.S., defines a “public safety answering point” as the public safety agency that receives incoming 911 requests for assistance and dispatches appropriate public safety agencies to respond to the requests in accordance with the state E911 plan.

³ Section 365.171(3)(d), F.S., defines a “public safety agency” as a functional division of a public agency which provides firefighting, law enforcement, medical, or other emergency services.

⁴ Section 401.465(2), F.S.

⁵ *Id.*

waived for a person employed as a sworn, state-certified law enforcement officer, provided specified criteria are met.⁶

The following PST-related fees are specified in statute:

- Initial application for original certification: \$50;
- Examination fee, set by the DOH, not to exceed \$75;
- Biennial renewal certificate, set by the DOH, not to exceed \$50;
- Training program fee, set by the DOH, not to exceed \$50; and
- Duplicate, substitute, or replacement certificate fee, set by the DOH, not to exceed \$25.

Fees collected are deposited into the DOH EMS Trust Fund and used solely for administering this program.⁷ The fees currently applied by the DOH are the maximum fees indicated above.⁸

The DOH has adopted three rules specific to its PST program responsibilities. These rules, which address PST certification, certification renewal, and PST course equivalency, were adopted in 2012.⁹ These rules not only link to the DOH forms and reference documents but also link to the relevant Department of Education (DOE) documents, such as the PST curriculum framework.

The DOH website has extensive details specific to the PST program and includes links to all applicable forms for individuals who are seeking to become certified or re-certified as a PST, including PST examination details, training program requirements, and fees. Training programs must follow the DOE Public Safety Telecommunication Curriculum Framework and consist of not less than 232 hours in order to be approved as a PST training program. The DOH uses a vendor, Prometric,¹⁰ to administer the testing for PST candidates.¹¹

The DOH develops the learning objectives for the PST program, and these are reflected in the 142-page program study guide.¹² Until State Fiscal Year 2014-2015, the DOH learning objectives and the DOE curriculum framework included a requirement that PST training must include CPR training. In conjunction with the DOE and other stakeholders, the CPR element of required training was discontinued.¹³

⁶ *Id.*

⁷ Section 401.465(3), F.S.

⁸ See the Department of Health, *911 Public Safety Telecommunicator Program*, available at <http://www.floridahealth.gov/licensing-and-regulation/911-public-safety-telecommunicator-program/index.html> (last visited Jan. 3, 2022).

⁹ Chapter 64J-3, L.O.F. (2012).

¹⁰ Prometric is a provider of technology-enabled testing and assessment solutions to many licensing and certification organizations, academic institutions, and government agencies.

¹¹ *Supra* note 9.

¹² See the Department of Health, *Florida 911 Public Safety Telecommunicator Study Guide*, available at http://www.floridahealth.gov/licensing-and-regulation/911-public-safety-telecommunicator-program/_documents/911-pst-studyguide-2017E4.pdf.pdf (last visited Jan. 3, 2022).

¹³ E-mail from Department of Education to staff of the Senate Committee on Health Policy (January 30, 2020) (on file with the Senate Committee on Health Policy).

According to the DOH, as of January 30, 2020, there were 115 active approved PST training programs in the state.¹⁴

Cardiopulmonary Resuscitation (CPR): First Aid

Cardiopulmonary resuscitation (CPR) is a lifesaving technique useful in many emergencies, including a heart attack or near drowning, in which someone's breathing or heartbeat has stopped. At its most basic, CPR is a technique which utilizes chest compressions when a patient has suffered from cardiac arrest. The American Heart Association recommends that everyone — untrained bystanders and medical personnel alike — begin CPR with chest compressions. CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore a normal heart rhythm. When the heart stops, the lack of oxygenated blood can cause brain damage in only a few minutes. A person may die within eight to 10 minutes.¹⁵

III. Effect of Proposed Changes:

SB 890 amends s. 401.465, F.S., to require that, in addition to the current certification and recertification requirements, PSTs who make telephone calls and provide dispatch functions for emergency medical conditions complete TCR training and continuing education, as deemed appropriate by the DOH. The bill defines TCR training to mean specific training and continuing education that is evidence-based and uses nationally accepted guidelines for high-quality TCR, including training in the recognition of out-of-hospital cardiac arrest over the telephone and the delivery of telephonic instructions for treating such cardiac arrest and performing compression-only cardiopulmonary resuscitation.

The bill allows PSAs to enter into a reciprocal agreement with another PSA, a dedicated telephone line, or a call center to provide TCR as long as the PSA or other agency receiving the call has PSTs who are TCR trained. The bill also requires that any employee of a PSA who answers EMS calls must, as appropriate, provide TCR or transfer the call to the entity with which the PSA has entered into a reciprocal agreement to provide TCR.

The bill provides an effective date of July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

¹⁴ E-mail from the Department of Health to staff of the Senate Committee on Health Policy (January 30, 2020) (on file with the Senate Committee on Health Policy).

¹⁵ See Mayo Clinic: *Cardiopulmonary resuscitation (CPR): First aid*, available at <https://www.mayoclinic.org/first-aid/first-aid-cpr/basics/art-20056600> (last visited Jan. 3, 2022).

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 890 may have a negative fiscal impact on PSAs who are required to obtain additional TCR training under the bill.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 401.465 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Burgess

20-00622A-22

2022890__

A bill to be entitled

An act relating to telecommunicator cardiopulmonary resuscitation; amending s. 401.465, F.S.; defining the term "telecommunicator cardiopulmonary resuscitation training"; requiring certain 911 public safety telecommunicators to receive ongoing telecommunicator cardiopulmonary resuscitation training; authorizing public safety agencies and certain other agencies to enter into reciprocal agreements to provide telecommunicator cardiopulmonary resuscitation under certain circumstances; providing requirements for certain employees who answer emergency medical service calls; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Present subsections (3) and (4) of section 401.465, Florida Statutes, are redesignated as subsections (4) and (5), respectively, paragraph (d) is added to subsection (1), a new subsection (3) is added to that section, and paragraphs (d) and (j) of subsection (2) of that section are amended, to read:

401.465 911 public safety telecommunicator certification.—

(1) DEFINITIONS.—As used in this section, the term:

(d) "Telecommunicator cardiopulmonary resuscitation training" means specific training and continuing education that is evidence-based and uses nationally accepted guidelines for high-quality telecommunicator cardiopulmonary resuscitation, including training in the recognition of out-of-hospital cardiac

Page 1 of 4

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

20-00622A-22

2022890__

arrest over the telephone and the delivery of telephonic instructions for treating such cardiac arrest and performing compression-only cardiopulmonary resuscitation.

(2) PERSONNEL; STANDARDS AND CERTIFICATION.—

(d) The department shall determine whether the applicant meets the requirements specified in this section and in the rules of the department and shall issue a certificate to any person who meets such requirements. Such requirements must include the following:

1. Completion of an appropriate 911 public safety telecommunication training program;
 2. Certification under oath that the applicant is not addicted to alcohol or any controlled substance;
 3. Certification under oath that the applicant is free from any physical or mental defect or disease that might impair the applicant's ability to perform his or her duties;
 4. Submission of the application fee prescribed in subsection (4) ~~(3)~~;
 5. Submission of a completed application to the department which indicates compliance with subparagraphs 1., 2., and 3.; and
 6. Effective October 1, 2012, passage of an examination approved by the department which measures the applicant's competency and proficiency in the subject material of the public safety telecommunication training program.
- (j)1. The requirement for certification as a 911 public safety telecommunicator is waived for a person employed as a sworn state-certified law enforcement officer, provided the officer:

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

20-00622A-22

2022890__

59 a. Is selected by his or her chief executive to perform as
 60 a 911 public safety telecommunicator;
 61 b. Performs as a 911 public safety telecommunicator on an
 62 occasional or limited basis; and
 63 c. Passes the department-approved examination that measures
 64 the competency and proficiency of an applicant in the subject
 65 material comprising the public safety telecommunication program.

66 2. A sworn state-certified law enforcement officer who
 67 fails an examination taken under subparagraph 1. must take a
 68 department-approved public safety telecommunication training
 69 program prior to retaking the examination.

70 3. The testing required under this paragraph is exempt from
 71 the examination fee required under subsection (4) ~~(3)~~.

72 (3) TELECOMMUNICATOR CARDIOPULMONARY RESUSCITATION
 73 TRAINING; RECIPROCAL AGREEMENTS.-

74 (a) In addition to the certification and recertification
 75 requirements imposed in subsection (2), 911 public safety
 76 telecommunicators who take telephone calls and provide dispatch
 77 functions for emergency medical conditions must complete
 78 telecommunicator cardiopulmonary resuscitation training and
 79 continuing education as deemed appropriate by the department.

80 (b) A public safety agency as defined in s. 365.171(3) or
 81 an agency receiving or dispatching emergency medical service
 82 calls may enter into a reciprocal agreement with another public
 83 safety agency, a dedicated telephone line, or a call center to
 84 provide telecommunicator cardiopulmonary resuscitation, provided
 85 the public safety agency or other agency that accepts the call
 86 has 911 public safety telecommunicators who are trained in
 87 telecommunicator cardiopulmonary resuscitation in accordance

Page 3 of 4

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20-00622A-22

2022890__

88 with this section.

89 (c) Any employee of a public safety agency who answers
 90 emergency medical service calls shall, as appropriate, provide
 91 direct telephonic assistance in administering cardiopulmonary
 92 resuscitation or transfer calls to a dedicated telephone line,
 93 call center, or other public safety agency with which the
 94 transferring public safety agency has a reciprocal agreement.

95 Section 2. This act shall take effect July 1, 2022.

Page 4 of 4

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The Florida Senate

Committee Agenda Request

To: Senator Manny Diaz, Jr., Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: November 30, 2021

I respectfully request that **Senate Bill #890**, relating to Telecommunicator Cardiopulmonary Resuscitation, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink, appearing to read "Danny".

Senator Danny Burgess
Florida Senate, District 20

From: [Taylor, Kathleen](#)
To: [Williams, Phil](#)
Subject: Fw: SB 1014
Date: Thursday, January 30, 2020 12:34:37 PM
Attachments: [image001.jpg](#)

Phil:
Please see below.
Thank you.

From: Tomlin, Melissa <Melissa.Tomlin@fldoe.org>
Sent: Thursday, January 30, 2020 12:26 PM
To: Taylor, Kathleen <Kathleen.Taylor@fldoe.org>
Subject: RE: SB 1014

It is my understanding that DOH, in collaboration with other stakeholders such as DOE, EMS, Fire, and Law Enforcement personnel throughout the state, decided to remove CPR from the curriculum. The FDOE State Supervisor works closely with all regulatory agencies/boards to ensure all curriculum modifications are conducted promptly. Wendy Bynum, DOH's 911 Public Safety Telecommunicator Program Manager, is the contact relating to this program. At FDOE, you can contact Melissa Tomlin, State Supervisor for PST curriculum, Eric Owens, Senior Educational Program Director, or Bureau Chief Kathleen Taylor.

Wendy Bynum, Program Manager
911 Public Safety Telecommunicator Program
Office: 850.245.4517
Florida Department of Health
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399-1722

From: Taylor, Kathleen
Sent: Thursday, January 30, 2020 10:54 AM
To: Tomlin, Melissa <Melissa.Tomlin@fldoe.org>
Subject: Re: SB 1014

Can you do me a favor and write up a response b.c. i am stuck upstairs for 4 hours?

From: Tomlin, Melissa <[Melissa.Tomlin@fldoe.org](#)>
Sent: Thursday, January 30, 2020 10:21 AM
To: Taylor, Kathleen <[Kathleen.Taylor@fldoe.org](#)>
Subject: RE: SB 1014

I am in the office whenever you are available.

From: Taylor, Kathleen
Sent: Wednesday, January 29, 2020 6:59 PM
To: Tomlin, Melissa <Melissa.Tomlin@fldoe.org>
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Hi! Let's strategize on a response in the morning.
Thank you.

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Cc: Tomlin, Melissa <Melissa.Tomlin@fldoe.org>; Owens, Eric <Eric.Owens@fldoe.org>; Garcia, Brianna <Brianna.Garcia@fldoe.org>
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And I figured out that part of my lack of clarity with the CPR element of the curriculum was attributable that when I went searching for a curriculum the one that popped up was from 2010.

Thanks for helping me understand all this.

Phil

Phil E. Williams
Deputy Staff Director
Committee on Health Policy
Florida Senate
850.487.5824
williams.phil@flsenate.gov

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Cc: Tomlin, Melissa <Melissa.Tomlin@fldoe.org>; Owens, Eric <Eric.Owens@fldoe.org>; Garcia, Brianna <Brianna.Garcia@fldoe.org>
Subject: FW: SB 1014

Phil:

Please see the responses below from a member of my team who oversees our public safety programs which includes public safety telecommunications. If you need additional information, we'd be happy to set up a conference call with you.

Thank you.

Kathleen

Kathleen Taylor
Bureau Chief
Division of Career and Adult Education
Florida Department of Education
325 West Gaines Street, Suite 714c
Tallahassee, FL 32399
850-245-9062 Office
Kathleen.taylor@fldoe.org



From: Tomlin, Melissa

Sent: Wednesday, January 29, 2020 2:51 PM

To: Taylor, Kathleen <Kathleen.Taylor@fldoe.org>

Subject: RE: SB 1014

Kathleen,

Below are my responses to the initial email, I feel these responses also provide guidance on the suggested approaches that were proposed in the later email. Let me know if you need me to be more specific. Also, I was able to speak with my contact at FDOH, to confirm these responses were accurate.

- As I understand it, the training protocol for all public safety telecommunicators is a standard protocol. Please confirm that.
 - Yes, Florida Department of Health has developed all learning objectives for public safety telecommunicators, Florida Department of Education maintains the curriculum framework.
- Part of the standard training includes training in cardiopulmonary resuscitation (CPR). Please confirm that.
 - No, the current curriculum framework does not include CPR training. This learning objective was eliminated in 2014-2015, per FDOH.
- Once one is trained in CPR, does that prepare one to give telephonic instructions on the use of

CPR in an emergency situation? If the CPR training does prepare one to offer direction in CPR use by phone, is a specific supplemental training in CPR necessary?

- When CPR was a learning objective in the curriculum framework, it was standard CPR training and did not include the telephonic instructions.
- What is the timing for ‘refresher’ training for telecommunicators? Would the two-year window for refresher CPR training specified in the bill be consistent or inconsistent with the telecommunicator refresher training schedule?
 - The timing for the “refresher” or renewal is every other year. However, as of now this does not include “Telecommunicator CPR training” in the framework therefore, this competency isn’t identified as a portion of the 20 hours necessary for renewal per 64J-3.003 (1)(a).
- If SB 1014 were to proceed, would Florida’s resulting telecommunicator training then be different in content than other standard training that exists, or has something like this been done elsewhere? To your knowledge, are there other examples of other ‘one-off’ training that has been incorporated into telecommunicator training elsewhere?
 - SB 1014 would modify the current content established by FDOH and then FLDOE would need to update our curriculum framework to include CPR and the supplemental standards for telephonic delivery of CPR.
 - Not familiar with any other “one-off” training for PST.

From: Taylor, Kathleen

Sent: Wednesday, January 29, 2020 9:15 AM

To: Williams, Phil <Williams.Phil@flsenate.gov>

Cc: Tomlin, Melissa <Melissa.Tomlin@fldoe.org>; Garcia, Brianna <Brianna.Garcia@fldoe.org>

Subject: RE: SB 1014

Phil,

Will do. My initial reaction is that this is an important enhancement to the training program and another mechanism for our public safety communicators to guide those in crisis to perform basic lifesaving CPR until such time as municipal first responders/EMTs/paramedics arrive on scene.

We hope to have a complete response to your questions later this afternoon.

Kind Regards,

Kathleen Taylor

Kathleen Taylor

Bureau Chief

Division of Career and Adult Education

Florida Department of Education

325 West Gaines Street, Suite 714c

Tallahassee, FL 32399

850-245-9062 Office

Kathleen.taylor@fldoe.org



From: Williams, Phil [<mailto:Williams.Phil@flsenate.gov>]

Sent: Wednesday, January 29, 2020 8:53 AM

To: Taylor, Kathleen <Kathleen.Taylor@fldoe.org>

Subject: RE: SB 1014

Good morning, Kathleen. As you folks work your way through this topic, please also provide me with your reaction to the statement below. This is a concept I have crafted as I think through possible alternative approaches to what Senator Rouson is trying to accomplish. I appreciated your input. Thanks. Phil

As previously indicated, training in CPR is currently part of the public safety telecommunicator core training competencies. The approach proposed in the bill would require those who have undergone training and become certified in all other respects as a public safety telecommunicator to undergo another, separate level of training. The focus of this separate training requirement is to prepare a public safety telecommunicator in the delivery of telephonic instruction in the performance of CPR.

As an alternative approach, perhaps those core competencies for public safety telecommunicator training should be slightly modified to include as part of the CPR element specific competencies in the delivery of telephonic instruction in the performance of CPR. Once training is complete and certification granted, there would be no need for supplemental training other than standard periodic overall refresher training. To accomplish this, the bill would need to be amended to direct the Department of Education to appropriately modify the core training competencies for public safety telecommunicators.

Phil E. Williams
Deputy Staff Director
Committee on Health Policy
Florida Senate
850.487.5824
williams.phil@flsenate.gov

From: Williams, Phil <Williams.Phil@flsenate.gov>

Sent: Tuesday, January 28, 2020 7:13 PM

To: Taylor, Kathleen <Kathleen.Taylor@fldoe.org>

Subject: Re: SB 1014

Perfect. Thanks.

Sent from my iPhone

On Jan 28, 2020, at 7:01 PM, Taylor, Kathleen <Kathleen.Taylor@fldoe.org> wrote:

Hello Phil:

I am going to have my staff member who oversees our 911 telecommunication program review so I can respond to your questions as quickly as possible.

Kind Regards,

Kathleen Taylor

From: Williams, Phil <Williams.Phil@flsenate.gov>

Sent: Tuesday, January 28, 2020 5:05 PM

To: Taylor, Kathleen <Kathleen.Taylor@fldoe.org>

Subject: SB 1014

Ms. Taylor. You do not know me, but I was referred to you by staff in the Senate Education Committee, and received your name and email address from them.

I am working on an analysis of SB 1014. I have a few questions for which I hope you can provide some assistance:

- As I understand it, the training protocol for all public safety telecommunicators is a standard protocol. Please confirm that.
- Part of the standard training includes training in cardiopulmonary resuscitation (CPR). Please confirm that.
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- What is the timing for 'refresher' training for telecommunicators? Would the two-year window for refresher CPR training specified in the bill be consistent or inconsistent with the telecommunicator refresher training schedule?
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If it is easier to address these issues via a call rather than a written or email response, I am happy to find time for that. My direct phone number is 850-487-5148.

Thanks in advance for your assistance.

Phil

Phil E. Williams
Deputy Staff Director
Committee on Health Policy
Florida Senate
850.487.5824
williams.phil@flsenate.gov

From: [Taylor, Kathleen](#)
To: [Williams, Phil](#); [Tomlin, Melissa](#); [Owens, Eric](#)
Subject: Re: SB 1014
Date: Thursday, January 30, 2020 7:47:29 PM
Attachments: [image001.jpg](#)

Phil:

As soon as DOH hands over the specific competencies for student mastery we can update our framework and let school districts and state colleges know of the change.

Many thanks

Kathleen

From: Williams, Phil <Williams.Phil@flsenate.gov>
Sent: Thursday, January 30, 2020 3:08 PM
To: Taylor, Kathleen <Kathleen.Taylor@fldoe.org>
Subject: RE: SB 1014

Thanks very much. Greatly appreciated.

And for what will hopefully be my final question: If a directive is provided to change the DOH learning objectives and the DOE curriculum guidance, what is the typical timeline for completion?

Phil E. Williams
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- Part of the standard training includes training in cardiopulmonary resuscitation (CPR). Please confirm that.
- Once one is trained in CPR, does that prepare one to give telephonic instructions on the use of CPR in an emergency situation? If the CPR training does prepare one to offer direction in CPR use by phone, is a specific supplemental training in CPR necessary?
- What is the timing for 'refresher' training for telecommunicators? Would the two-year window for refresher CPR training specified in the bill be consistent or inconsistent with the telecommunicator refresher training schedule?
- If SB 1014 were to proceed, would Florida's resulting telecommunicator training then be different in content than other standard training that exists, or has something like this been done elsewhere? To your knowledge, are there other examples of other 'one-off' training that has been incorporated into telecommunicator training elsewhere?

If it is easier to address these issues via a call rather than a written or email response, I am happy to find time for that. My direct phone number is 850-487-5148.

Thanks in advance for your assistance.

Phil

Phil E. Williams
Deputy Staff Director
Committee on Health Policy
Florida Senate
850.487.5824
williams.phil@flsenate.gov

From: [Landry, Gary P](#)
To: [Williams, Phil](#)
Subject: Re: Last question was left off of previous email
Date: Thursday, January 30, 2020 9:21:26 AM

Subject: RE: Followup to AED questions from last week
Good morning, our database shows 155 active approved 911 PST training programs.

Get [Outlook for iOS](#)

From: Williams, Phil <Williams.Phil@flsenate.gov>
Sent: Wednesday, January 29, 2020 6:52:35 PM
To: Landry, Gary P <Gary.Landry@flhealth.gov>
Subject: RE: Last question was left off of previous email

Thanks. And for the training programs that are approved, if you could somehow classify those, that would be helpful. Maybe along the lines of state colleges or technical centers or some other education entity

And one more question. In my ongoing back and forth with DOE, they provided the following:

- Part of the standard training includes training in cardiopulmonary resuscitation (CPR). Please confirm that.

No, the current curriculum framework does not include CPR training. This learning objective was eliminated in 2014-2015, per FDOH.

Does anyone at DOH have any knowledge as to why this change might have been made in 2014-2015? Was this in some way legislatively driven?

Thanks.

Phil E. Williams
Deputy Staff Director
Committee on Health Policy
Florida Senate
850.487.5824
williams.phil@flsenate.gov

From: Landry, Gary P <Gary.Landry@flhealth.gov>
Sent: Wednesday, January 29, 2020 4:20 PM
To: Williams, Phil <Williams.Phil@flsenate.gov>
Subject: RE: Last question was left off of previous email

They are working on it.

Gary Landry
Office of Legislative Planning

2585 Merchants Row Blvd
(850) 617-1431

From: Williams, Phil [<mailto:Williams.Phil@flsenate.gov>]
Sent: Wednesday, January 29, 2020 2:31 PM
To: Landry, Gary P <Gary.Landry@flhealth.gov>
Subject: RE: Last question was left off of previous email

Hey, Gary. Can you folks tell me how many training programs are approved at present to provide public safety telecommunicator training? Thanks. Phil

Phil E. Williams
Deputy Staff Director
Committee on Health Policy
Florida Senate
850.487.5824
williams.phil@flsenate.gov

From: Williams, Phil
Sent: Friday, January 24, 2020 5:20 PM
To: 'Landry, Gary P' <Gary.Landry@flhealth.gov>
Subject: RE: Last question was left off of previous email

Thanks, Gary. I think I have what I need on SB 934.

For SB 1014, do I need to direct my questions to DOE, since they seem to be the ones who set the training standards? The document you provided did not have the level of detail needed to address my questions.

And, any idea if I will see a DOH analysis for either bill?

Phil

Phil E. Williams
Deputy Staff Director
Committee on Health Policy
Florida Senate
850.487.5824
williams.phil@flsenate.gov

From: Landry, Gary P <Gary.Landry@flhealth.gov>
Sent: Friday, January 24, 2020 1:24 PM
To: Williams, Phil <Williams.Phil@flsenate.gov>
Subject: Last question was left off of previous email

The bill directs the Surgeon General to adopt rule guidance on bleeding control kits , just as was

previously done for AED placement in all state buildings, in conjunction with the Department of Management Services (DMS). Does DOH have any information on how many AEDs are in state buildings at present under s. 768.1326, F.S.? I ask you because DMS does not have a number.

The department does not track the number of AEDs in all state buildings. We are working on getting the number of AEDs placed for DOH but do not have an answer yet. There are 12 AED's spread throughout 4 buildings.

Gary Landry
Office of Legislative Planning
2585 Merchants Row Blvd
(850) 617-1431

The Florida Senate

APPEARANCE RECORD

SB 890: Telecommunications
CPR
Bill Number or Topic

1/13/2022
Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Health Policy
Committee

Amendment Barcode (if applicable)

Name Tiffany McCaskill Henderson Phone (850) 933-5928

Address 2851 Remington Green Cir, Ste A Email tiffany.henderson@heart.org
Tallahassee, FL 32308
City State Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

American Heart Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

SB 890

1/13/22

Meeting Date

Senate Health Policy

Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Telecommunicator CPR

Amendment Barcode (if applicable)

Name Marnie George

Phone (850) 510-8866

Address 215 South Monroe St., Suite 301

Email marnie.george@bipc.com

Street

Tallahassee, FL 32301

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

FL Chapter, American College of Cardiology

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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S.B. 890

Bill Number or Topic

Amendment Barcode (if applicable)

1-13-2022 Meeting Date

Health Policy Committee

Name Richard Pinisky

Phone

Address 201 East Park Ave #300 Street

Email

Tallahassee FL 32301 City State Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

9-1-1 Emergency Dispatchers

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 806

INTRODUCER: Senators Perry and Stewart

SUBJECT: Alzheimer’s Disease and Dementia-related Disorders Awareness

DATE: January 12, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			AHS	
3.			AP	

I. Summary:

SB 806 creates s. 381.825, F.S., to establish the “Ramping up Education of Alzheimer’s Disease and Dementia for You (READY) Act.” The bill requires the Department of Health (DOH), in collaboration with the Department of Elder Affairs (DOEA), to use existing, relevant public health and community outreach programs to develop and disseminate information to medical and osteopathic doctors and to nurses in order to educate them on and increase their understanding and awareness of Alzheimer’s disease and dementia-related disorders (ADRD).

The bill allows the DOH, using any federal or state funds appropriated for the purpose, to fund mobile and virtual outreach programs that prioritize underserved communities to provide information on ADRD, referrals to the DOEA, and links to available resources.

The bill also directs the DOH to collaborate with other agencies and organizations to create a systematic approach to increasing public awareness of ADRD.

The bill provides an effective date of July 1, 2022.

II. Present Situation:

Alzheimer’s Disease and Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person’s daily life and activities. These functions include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention. Some people with dementia cannot control their emotions, and their personalities may change. Dementia ranges in severity from the

mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of living.¹

Alzheimer's disease is the most common type of dementia. It is a progressive disease that begins with mild memory loss and can lead to loss of the ability to carry on a conversation and respond to one's environment. Alzheimer's disease affects parts of the brain that control thought, memory, and language. It can seriously affect a person's ability to carry out daily activities. Although scientists are studying the disease, the cause of Alzheimer's disease is unknown.²

It is estimated that there are over 580,000 individuals living with Alzheimer's disease in the state of Florida.³ By 2025, it is projected that 720,000 Floridians will have Alzheimer's disease.⁴ Most individuals with Alzheimer's can live in the community with support, often provided by spouses or other family members. In the late stages of the disease, many patients require care 24 hours per day and are often served in long-term care facilities.

Dementia Care and Cure Initiative

The DOEA announced the Dementia Care and Cure Initiative (DCCI) in 2015 to engage communities across the state to be more dementia-caring, promote better care for Floridians affected by dementia, and support research efforts to find a cure. In collaboration with Florida's 11 Area Agencies on Aging and 17 memory disorder clinics, participating DCCI communities organize task forces consisting of community professionals and stakeholders who work to bring about education, awareness of, and sensitivity regarding the needs of those affected by dementia.⁵ The goals of the DCCI include:

- Increasing awareness of dementia, services, and supports.
- Providing assistance to dementia-caring communities.
- Continuing advocacy for care and cure programs.⁶

III. Effect of Proposed Changes:

SB 806 creates s. 381.825, F.S., to establish the "Ramping up Education of Alzheimer's Disease and Dementia for You (READY) Act."

The bill requires the DOH, in collaboration with the DOEA, to use existing, relevant public health and community outreach programs to develop and disseminate information to medical and osteopathic doctors and to nurses in order to educate them on and increase their understanding and awareness of ADRD. The bill specifies that the information must, at a minimum, cover the following topics:

- The importance of early detection and timely diagnosis of cognitive impairment.

¹ *What is Dementia? Symptoms, Types, and Diagnosis*, National Institute on Aging, available at

<https://www.nia.nih.gov/health/what-dementia-symptoms-types-and-diagnosis>, (last visited Jan. 4, 2022).

² Centers for Disease Control and Prevention, Alzheimer's Disease and Healthy Aging website available at <https://www.cdc.gov/aging/aginginfo/alzheimers.htm#AlzheimersDisease>, (last visited Jan. 4, 2022).

³ Alzheimer's Association available at <https://www.alz.org/media/Documents/florida-alzheimers-facts-figures-2018.pdf>, (last visited Mar. 10, 2021).

⁴ *Id.*

⁵ See <http://elderaffairs.state.fl.us/doea/dcci.php> (last visited Jan. 4, 2022).

⁶ See [DCCI-Fact-Sheet_2021-March-2021.pdf \(elderaffairs.org\)](#) (last visited Jan. 4, 2022).

- Use of a validated cognitive assessment tool.
- The value of Medicare annual wellness visits for cognitive health.
- Use of the Medicare billing code for advance care planning for individuals with cognitive impairment.
- Methods to detect early warning signs of ADRD.
- Methods to reduce the risk of cognitive decline, particularly among individuals in diverse communities who are at greater risk of developing ADRD.

The bill requires the DOH to encourage providers, including but not limited to, hospitals, county health departments, physicians, nurses, and rural health centers, to display the above information in their facilities and discuss the risks of ADRD with patients age 60 or older.

The bill allows the DOH, using any federal or state funds appropriated for the purpose, to fund mobile and virtual outreach programs that prioritize underserved communities to provide information on ADRD, including but not limited to brain health, risk education, and early detection and diagnosis; provide referrals to the DOEA; and include links to available resources relating to ADRD.

The bill also directs the DOH to collaborate with other agencies and organizations to create a systematic approach to increasing public awareness of ADRD.

The bill provides and effective date of July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

SB 806 may have an indeterminate negative fiscal impact on the DOH related to developing and disseminating the information required by the bill.

The DOEA indicates that its involvement with developing and disseminating the information required by the bill will likely be able to be absorbed within existing resources.⁷

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 381.825 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

⁷ See DOEA analysis of SB 806, Nov. 16, 2021, on file with Senate Health Policy Committee staff.

By Senator Perry

8-00624A-22

2022806__

A bill to be entitled

An act relating to Alzheimer's disease and dementia-related disorders awareness; creating s. 381.825, F.S.; providing a short title; requiring the Department of Health, in collaboration with the Department of Elderly Affairs and the Alzheimer's Association, to develop and disseminate information relating to Alzheimer's disease and dementia-related disorders to certain health care practitioners for a specified purpose; specifying minimum requirements for such information; requiring the department to encourage health care providers to display the information in their facilities and discuss specified information with patients 60 years of age or older; requiring the department to post specified information on its website; authorizing the department to fund certain mobile and virtual outreach programs under certain circumstances; requiring the department to collaborate with other agencies and organizations to create a systematic approach to increasing public awareness of Alzheimer's disease and dementia-related disorders; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 381.825, Florida Statutes, is created to read:

381.825 Alzheimer's disease and dementia-related disorders awareness.-

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

8-00624A-22

2022806__

(1) This section may be cited as the "Ramping up Education of Alzheimer's Disease and Dementia for You (READY) Act."

(2) The Department of Health, in collaboration with the Department of Elderly Affairs and the Alzheimer's Association, shall use existing, relevant public health and community outreach programs to develop and disseminate information to health care practitioners licensed under chapters 458, 459, and 464 to educate them on and increase their understanding and awareness of Alzheimer's disease and dementia-related disorders. This information must cover, at a minimum, all of the following:

(a) The importance of early detection and timely diagnosis of cognitive impairment.

(b) Use of a validated cognitive assessment tool.

(c) The value of Medicare annual wellness visits for cognitive health.

(d) Use of the Medicare billing code for advance care planning for individuals with cognitive impairment.

(e) Methods to detect early warning signs of Alzheimer's disease and dementia-related disorders.

(f) Methods to reduce the risk of cognitive decline, particularly among individuals in diverse communities who are at greater risk of developing Alzheimer's disease and dementia-related disorders.

(3) The department shall encourage health care providers, including, but not limited to, hospitals, county health departments, physicians, nurses, and rural health centers, to display the information specified in subsection (2) in their facilities and discuss the risks of Alzheimer's disease and dementia-related disorders with patients 60 years of age or

Page 2 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

8-00624A-22

2022806__

59 older.

60 (4) The department shall post on its website the
61 information specified in subsection (2), links to any additional
62 resources, and links to the Centers for Disease Control and
63 Prevention web pages that have information on Alzheimer's
64 disease and dementia-related disorders.

65 (5) The department, using any federal or state funds
66 appropriated for the purpose, may fund mobile and virtual
67 outreach programs that prioritize those in underserved
68 communities and may provide information on issues relating to
69 Alzheimer's disease and dementia-related disorders, including,
70 but not limited to, brain health, risk education, and early
71 detection and diagnosis. These programs may also provide
72 referrals to the Department of Elderly Affairs and include links
73 to any available resources relating to Alzheimer's disease or
74 dementia-related disorders.

75 (6) The department shall collaborate with other agencies
76 and organizations to create a systematic approach to increasing
77 public awareness of Alzheimer's disease and dementia-related
78 disorders.

79 Section 2. This act shall take effect July 1, 2022.



The Florida Senate

Committee Agenda Request

To: Senator Manny Diaz, Jr., Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: November 19, 2021

I respectfully request that **Senate Bill #806**, relating to Alzheimer's Disease and Dementia-related Disorders Awareness, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in black ink that reads "W. Keith Perry".

Senator Keith Perry
Florida Senate, District 8



2022 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Department of Elder Affairs

<u>BILL INFORMATION</u>	
BILL NUMBER:	SB 806
BILL TITLE:	Alzheimer's Disease and Dementia-related Disorders Awareness - 2022
BILL SPONSOR:	Sen. Perry
EFFECTIVE DATE:	July 1, 2022

<u>COMMITTEES OF REFERENCE</u>
1) NA
2) NA
3) NA
4) NA
5) NA

<u>CURRENT COMMITTEE</u>
NA

<u>SIMILAR BILLS</u>	
BILL NUMBER:	NA
SPONSOR:	NA

<u>PREVIOUS LEGISLATION</u>	
BILL NUMBER:	SB 874
SPONSOR:	Sen. Brodeur
YEAR:	2021
LAST ACTION:	Died in Appropriations Subcommittee on Health and Human Services

<u>IDENTICAL BILLS</u>	
BILL NUMBER:	HB 475
SPONSOR:	Rep. Salzman

Is this bill part of an agency package?
No

<u>BILL ANALYSIS INFORMATION</u>	
DATE OF ANALYSIS:	11/16/2021
LEAD AGENCY ANALYST:	Derek Miller, Director of Legislative Affairs
ADDITIONAL ANALYST(S):	Anne Chansler, Chief of Elder Rights
LEGAL ANALYST:	Richard Tritschler, General Counsel
FISCAL ANALYST:	Laura Anderson, Chief Financial Officer

POLICY ANALYSIS

1. **EXECUTIVE SUMMARY**

Senate Bill 806 creates section 381.825, F.S., to require the Department of Health (DOH), in collaboration with the Department of Elderly Affairs (DOEA) and the Alzheimer's Association, to use existing, relevant, public health, and community outreach programs to develop and disseminate information to health care practitioners licensed under Chapters 458, 459, and 464, F.S., to educate them on and increase their understanding and awareness of Alzheimer's disease and other types of dementia. The information must cover, at a minimum, all of the following:

- The importance of early detection and timely diagnosis of cognitive impairment.
- Utilization of a validated cognitive assessment tool.
- The value of Medicare annual wellness visits for cognitive health.
- The use of the Medicare billing code for care planning for individuals with cognitive impairment.
- Methods to detect early warning signs of Alzheimer's disease and other types of dementia.
- Methods to reduce the risk of cognitive decline, particularly among individuals in diverse communities at greater risk of developing Alzheimer's disease and other types of dementia.

The bill requires DOH to encourage health care providers to display information in their facilities and discuss the risks of Alzheimer's disease and dementia-related disorders with patients 60 years and older. The bill also requires DOH to post information on ADRDs and links to resources and links to the Center for Disease control on its website.

The bill requires DOH to partner with other agencies and organizations to generate a systematic approach to increasing public awareness of ADRDs.

The bill provides an effective date of July 1, 2022.

2. SUBSTANTIVE BILL ANALYSIS

1. **PRESENT SITUATION:**

Alzheimer's Disease and Dementia

Worldwide, 50 million people are living with Alzheimer's disease and related dementias (ADRDs). In the United States, approximately 6.2 million people live with Alzheimer's. In Florida, there are about 580,000 Floridians over the age of 65 living with Alzheimer's.

Alzheimer's disease (AD) is a degenerative brain disease and the most common type of dementia. Dementia is not a specific disease; instead, it is a general term for a decreased capacity to remember, think, or make decisions that interfere with a person's ability to perform everyday activities. Other forms of dementia include Lewy Body Dementia, Vascular Dementia, and Parkinson's Disease Dementia. Alzheimer's disease and related dementias are known as ADRD. Currently, there is no known cure.

The course of ADRD illness is characterized by years of declining ability and increasing dependency and co-morbidity. Alzheimer's disease affects memory, mental function, and thinking skills. In addition, brain cells deteriorate and stop working. Alzheimer's disease, as the most common cause of dementia, accounts for between 60 to 80 percent of the cases of diagnoses of dementia.

Alzheimer's Disease in Florida

The State of Florida has the second-highest incidence of Alzheimer's in the country. While Florida is currently home to 580,000 individuals age 65 and older living with Alzheimer's disease, by the year 2025, that number is projected to reach 720,000.

Alzheimer's is the sixth-leading cause of death in the United States; it is also the sixth-leading cause of death in Florida. Alzheimer's disease remains only one of the top ten leading causes of death in the nation without prevention or cure. Between 2020 and 2025, Florida is predicted to have a 24.1 percent increase in AD rates.

Dementia Care and Cure Initiative

The Dementia Care and Cure Initiative (DCCI) was created in 2015 in response to the increasing incidence of dementia. DCCI is a statewide effort to encourage communities to become more dementia-caring by supporting those diagnosed with and living with dementia, their families, their loved ones, and caregivers.

DCCI Task Forces are organized in communities throughout Florida, and they work to increase education about, awareness of, and sensitivity to the needs of those affected by dementia. Since 2015, the program has spread to 16 communities in Florida. While it is a statewide initiative, Task Forces have the autonomy to engage in educational awareness and advocacy projects, in addition to activities that best meet the needs of those living with dementia in their communities. The goals of the DCCI include:

- Increase awareness of dementia, services, and supports.
- Assist dementia-caring communities.
- Continue advocacy for care and cure programs.

2. EFFECT OF THE BILL:

Senate Bill 806 creates section 381.825, F.S., to require the Department of Health (DOH), in collaboration with the Department of Elderly Affairs (DOEA) and the Alzheimer’s Association, to use existing, relevant, public health, and community outreach programs to develop and disseminate information to health care practitioners licensed under chs. 458, 459, and 464, F.S., to educate them on and increase their understanding and awareness of Alzheimer’s disease and other types of dementia. The information must cover, at a minimum, all of the following:

- The importance of early detection and timely diagnosis of cognitive impairment.
- Utilization of a validated cognitive assessment tool.
- The value of Medicare annual wellness visits for cognitive health.
- The use of the Medicare billing code for care planning for individuals with cognitive impairment.
- Methods to detect early warning signs of Alzheimer’s disease and other types of dementia.
- Methods to reduce the risk of cognitive decline, particularly among individuals in diverse communities at greater risk of developing Alzheimer’s disease and other types of dementia.

Next, the bill requires DOH to encourage health care providers, including, but not limited to, hospitals, county health departments, physicians, nurses, and rural health centers, to display the information specified in subsection 381.825(2), F.S.

Additionally, the bill requires DOH to post on its website the information specified in subsection 381.825(2), F.S., links to any additional resources, and links to the Centers for Disease Control and Prevention web pages that have information on ADRDs. Moreover, DOH may use federal or state funds to support mobile and virtual outreach programs that prioritize those in underserved communities and provide information on issues relating to ADRDs. These programs may also offer referrals to DOEA and include links to available resources pertaining to ADRDs.

Finally, the bill requires DOH to partner with other agencies and organizations to generate a systematic approach to increasing public awareness of ADRDs.

The bill provides an effective date of July 1, 2022.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y N

If yes, explain:	NO
Is the change consistent with the agency’s core mission?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>

Rule(s) impacted (provide references to F.A.C., etc.):	NA
--	----

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	NA
Opponents and summary of position:	NA

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL?

Y N

If yes, provide a description:	NA
Date Due:	NA
Bill Section Number(s):	NA

6. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSIONS, ETC. REQUIRED BY THIS BILL?

Y N

Board:	NA
Board Purpose:	NA
Who Appoints:	NA
Changes:	NA
Bill Section Number(s):	NA

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT?

Y N

Revenues:	NA
Expenditures:	NA
Does the legislation increase local taxes or fees? If yes, explain.	NA
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	NA

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y N

Revenues:	NA
Expenditures:	If DOH requests assistance, DOEA will likely be helping with marketing, printing, and dissemination of material or information. The fiscal impact would be a minimal impact that can be absorbed within DOEA existing resources.
Does the legislation contain a State Government appropriation?	NA
If yes, was this appropriated last year?	NA

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y N

Revenues:	NA
Expenditures:	NA
Other:	NA

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y N

If yes, explain impact.	NA
Bill Section Number:	NA

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y N

If yes, describe the anticipated impact to the agency including any fiscal impact.	No
--	----

FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y N

If yes, describe the anticipated impact including any fiscal impact.	
--	--

ADDITIONAL COMMENTS

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	
---------------------------	--

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

1.13.22

Meeting Date

806

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

Name Evan Holler

Phone

Address

Street

Email

eholler@alz.com

City

State

Zip

Speaking:

For

Against

Information

OR

Waive Speaking:

In Support

Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Alzheimer's Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. 511.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 988

INTRODUCER: Health Policy Committee, Senator Garcia and others

SUBJECT: Patient Visitation Rights

DATE: January 14, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Fav/CS
2.			AHS	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 988 creates s. 408.823, F.S., to establish the “No Patient Left Alone Act.” The bill requires providers¹ to allow clients admitted to their facilities or who are residents at their facilities to receive visitors in accordance with Agency for Health Care Administration (AHCA) rules. If a provider must restrict visitation due to health or safety concerns, the bill requires the provider to develop alternate visitation protocols that allow visitation to the greatest extent possible under the circumstances.

The bill also specifies certain situations in which visitation must be allowed by providers that admit clients to their facilities or serve clients who are residents at their facilities. Providers are authorized to establish infection control protocols for visitors, including passing a health screening and wearing personal protective equipment (PPE), to which a visitor must adhere or the provider is authorized to refuse the visitor access. Providers are required to submit their visitation policies to the AHCA by January 1 of each year for approval.

The bill also requires the AHCA to dedicate a webpage to explaining visitation rights and to provide a method for individuals to report violations of these rights to the AHCA. Providers must also notify clients of their visitation rights and provide them with a link to the AHCA webpage. The AHCA is required to investigate a report of a violation within 30 days after receiving the

¹ A “provider” is defined as any of the 25 activities, services, agencies, and facilities regulated by the AHCA and listed in s. 408.802, F.S.

report, and the bill specifies that violations of the section are Class III violations.² The bill also requires the AHCA to impose a fine of at least \$500 per violation and specifies that each occurrence and each day of a continuing violation constitutes separate violations.

The bill provides an effective date of July 1, 2022.

II. Present Situation:

General Timeline of the Emergence of the COVID-19 Pandemic

The first signs of COVID-19 appeared in December of 2019 in the city of Wuhan, China, as a pneumonia virus of unknown origin. By early January, 2020, Chinese authorities identified a novel coronavirus as the cause of the outbreak. Shortly thereafter, the first cases of COVID-19—officially named by the World Health Organization (WHO) on February 11, 2020—were detected in Japan and Thailand. On January 20, 2020, the U.S. Centers for Disease Control and Prevention confirmed the first case of COVID-19 in the United States appearing in Washington State. On January 31, 2020, the U.S. Secretary of Health and Human services declared COVID-19 a public health emergency and on March 11, 2020, the WHO declared COVID-19 a pandemic.³

Ten days prior, on March 1, 2020, Florida Surgeon General Scott Rivkees declared a public health emergency.⁴ The public health emergency was renewed multiple times and remained in effect until it was allowed to expire on June 26, 2021.⁵ Under the authority granted to the Governor, the AHCA, and the Department of Health (DOH), as well as other executive agencies, numerous emergency measures were put in place to slow the spread of COVID-19 and to protect the public health, including restricting visitation in certain health care and long term care facilities.

Florida Visitation Restrictions during COVID-19

On March 15, 2020, the Florida Division of Emergency Management (DEM) issued emergency order (EO) 20-006 which required every facility, as defined in the EO, in Florida to prohibit the entry of any individual to the facility except in specified circumstances. For the purposes of the EO, the term “facility” included:

- Group Home Facilities;

² Class III violations are defined in s. 408.813, F.S., as those conditions or occurrences related to the operation and maintenance of a provider or to the care of clients which the agency determines indirectly or potentially threaten the physical or emotional health, safety, or security of clients, other than class I or class II violations. The agency shall impose an administrative fine as provided in this section for a cited class III violation. A citation for a class III violation must specify the time within which the violation is required to be corrected. If a class III violation is corrected within the time specified, a fine may not be imposed.

³ See COVID-19 Timeline, David J. Spencer CDC Museum: In Association With the Smithsonian Institution, last reviewed Jan. 5, 2022, available at <https://www.cdc.gov/museum/timeline/covid19.html> (last visited Jan. 7, 2022).

⁴ See Florida Department of Health Declaration of Public Health Emergency, March 1, 2020, available at <https://floridahealthcovid19.gov/wp-content/uploads/2020/03/declaration-of-public-health-emergency-covid-19-3.1.20.pdf>, (last visited Jan. 10, 2022).

⁵ The final renewal was issued on June 18, 2021, see Florida Department of Health Emergency Order (Extension), available at <https://floridahealthcovid19.gov/wp-content/uploads/2021/06/Filed-PHE-Extension-June-18-2021.pdf>, (last visited, Jan. 10, 2022).

- Developmental Disabilities Centers;
- Nursing Homes;
- Homes for Special Services;
- Long-Term Care Hospitals;
- Transitional Living Facilities;
- Intermediate Care Facilities for the Developmentally Disabled;
- Assisted Living Facilities (ALF);
- Adult Mental Health and Treatment Facilities;
- Adult Forensic Facilities;
- Civil Facilities; and
- Adult Family-Care Homes.

The EO provided exceptions for allowing entry in the following circumstances:

- Family members, friends, and visiting residents in end-of-life situations;
- Hospice or palliative care workers caring for residents in end-of-life situations;
- Any individuals providing necessary health care to a resident;
- Facility staff;
- Facility residents;
- Attorneys of record for a resident in an Adult Mental Health and Treatment Facility for court matters, if virtual or telephonic means were unavailable; and
- Representatives of the federal or state governments seeking entry as part of their official duties;

The EO also specified that the allowed individuals would remain prohibited from entering if:

- They were infected with COVID-19 and had not had two consecutive negative tests separated by 24 hours;
- They were showing signs or symptoms of respiratory infection;
- They had been in contact with a person known to be infected with COVID-19 in the past 14 days and had not tested negative for COVID-19;
- They had traveled through any airport in the previous 14 days; or
- They had traveled on a cruise ship in the previous 14 days.

The order was extended by EO 20-007 on May 18, 2020. On September 1, 2020, DEM issued EO 20-009 which extended and modified the provisions of the previous two EOs by allowing essential caregivers and compassionate care visitors under specified circumstances, and on October 22, 2020, the DEM issued EO 20-011, which extended and modified the previous EOs by adding general visitors under specified circumstances. Finally, on March 22, 2021, the DEM issued EO 21-001, which rescinded the previous EOs prohibiting visitation and instead required all affected facilities to maintain visitation and infection control policies in accordance with all state and federal laws.

Current Status of Visitation in Florida

The availability and accessibility of visitation in Florida's health care facilities varies widely between facility type and from facility to facility, depending on each facility's visitation policies.

Certain types of facilities, such as nursing homes⁶ and hospitals,⁷ must adhere to federal guidelines for visitation, while other types, such as ALFs, are not federally regulated and operate solely under a license issued by the state.

Many factors affect how a facility may go about allowing or restricting visitation. At a minimum, a facility must follow the applicable laws and rules that govern its license type and, generally, a facility may exceed those minimum standards. However, when it comes to allowing or disallowing visitation, it is possible for a facility to become too restrictive. For example, the U.S. Department of Health and Human Services' Office for Civil Rights has investigated complaints stemming from hospitals in Connecticut and Massachusetts where disabled patients were denied the right to bring a caretaker with them into the hospital.⁸ Overall, visitation policies will likely vary from facility to facility, and each facility will likely approach creating its visitation policies differently depending on what type of facility it is, the type of patients or residents the facility has, the laws and rules that affect that type of facility, the mindset of the individuals who create the policies for the facility, and many other factors.

III. Effect of Proposed Changes:

CS/SB 988 creates s. 408.823, F.S., entitled the “No Patient Left Alone Act” (Act). The bill:

- Provides Legislative findings and intent indicating that it is in the best interest of the state and its residents that the patients and residents of health care facilities be allowed visitation by visitors of their choosing during their hospitalization or residential treatment.
- Requires that a provider allow clients to receive visitors during their admission to, or residency at, the provider’s facility in accordance with AHCA rules.
 - Current law in s. 408.803, F.S., defines a “provider” as any activity, service, agency, or facility regulated by the AHCA and listed in s. 408.802, F.S. Of the listed providers, the AHCA indicates that 11 provider types accept inpatient or residential clients, and those providers make up approximately 4,831 of the licensed entities that would qualify as a provider under the bill.⁹ The provider types that AHCA indicates would accept inpatient or residential clients include:
 - Crisis stabilization units, as provided under parts I and IV of ch. 394, F.S.
 - Short-term residential treatment facilities, as provided under parts I and IV of ch. 394, F.S.

⁶ Federal guidelines for nursing homes require that all facilities must allow indoor visitation and, although there is no limit on the number of visitors a resident can have, all visits should be conducted in a manner that adheres to core principles of COVID-19 infection prevention. See Centers for Medicare and Medicaid Services, Nursing Home Visitation – COVID-19 (revised), first published Sep. 17, 2020, last revised Dec. 11, 2021, available at <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf> (last visited Jan. 10, 2022).

⁷ Under the federal government’s phased approach to reopening (see <https://trumpwhitehouse.archives.gov/openingamerica/>, last visited Jan. 10, 2022) unrestricted hospital visitation has been available since entering phase 3. Additionally, except for Long-Term Care Hospitals, Florida has not restricted visitation in hospitals. Currently, although visitation is not restricted, many hospitals are using enhanced visitation protocols due to the recent spike in COVID-19 cases caused by the Omicron variant. See: Hospital visitation policies tightened in South Florida as COVID omicron variant spreads, South Florida Sun Sentinel, Mary Lou Cruz, Jan. 5, 2022, available at <https://www.sun-sentinel.com/coronavirus/fl-ne-coronavirus-hospital-rules-20210724-omq3lxv6pvybufedbvkgckn6a4u-story.html> (last visited Jan. 10, 2022).

⁸ Hospital Visitor Bans Under Scrutiny After Disability Groups Raise Concerns Over Care, Joseph Shapiro, May 17, 2020, available at <https://www.npr.org/2020/05/17/857531789/federal-government-asked-to-tell-hospitals-modify-visit-bans>, (last visited Jan. 10, 2022).

⁹ AHCA bill analysis for SB 988, 11/24/2021, on file with Senate Health Policy Committee staff.

- Residential treatment facilities, as provided under part IV of ch. 394, F.S.
- Residential treatment centers for children and adolescents, as provided under part IV of ch. 394, F.S.
- Hospitals, as provided under part I of ch. 395, F.S.
- Nursing homes, as provided under part II of ch. 400, F.S.
- Assisted living facilities, as provided under part I of ch. 429, F.S.
- Hospices, as provided under part IV of ch. 400, F.S.
- Adult family-care homes, as provided under part II of ch. 429, F.S.
- Homes for special services, as provided under part V of ch. 400, F.S.
- Transitional living facilities, as provided under part XI of ch. 400, F.S.
- Current law in s. 408.803, F.S., defines a “client” as any person receiving services from a provider.
- Specifies that if circumstances require a provider to restrict public access to its facility due to health or safety concerns, the provider must develop alternate visitation protocols that allow visitation to the greatest extent possible while maintaining client health and safety.
- Requires a provider that admits clients to its facility or serves clients who are residents in the provider’s facility to allow in-person visits under the following circumstances:
 - End-of-life situations.
 - A client who was living with his or her family before recently being admitted to the provider’s facility is struggling with the change in environment and lack of physical family support.
 - A client is grieving the loss of a friend or family member who recently died.
 - A client needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver, and the client is experiencing weight loss or dehydration.
 - A client who used to talk and interact with others is experiencing emotional distress, is seldom speaking, or is crying more frequently than he or she did previously.
 - Any other circumstance the AHCA deems appropriate.
- Allows a provider to implement infection control protocols, including health screenings and requiring that visitors wear PPE, and allows a provider to refuse visitation if a visitor fails the health screening or does not comply with these requirements.
- Requires each provider to submit its visitation policies to the AHCA by January 1 of each year for approval. If the AHCA finds that a provider’s visitation policies are not in compliance with the requirements of the Act or with AHCA rules, the provider must submit an updated policy that conforms within 30 days after the AHCA’s notice.
- Requires the AHCA to dedicate a webpage on its website to explain visitation rights authorized under the Act and provide for a method for individuals to report violations of the Act to the AHCA.
- Requires the AHCA to investigate all reports of violations within 30 days of receiving such report.
- Requires that providers notify clients and, if possible, their family members or caregivers of their visitation rights under the Act and provide them with the contact information for the AHCA and a link to the AHCA’s dedicated webpage.
- Specifies that any violation of the Act or of the rules adopted pursuant to the Act is a class III violation, as specified in s. 408.813, F.S., and, if not corrected, the AHCA must impose a fine of at least \$500 per violation.
- Specifies that each day and occurrence of a violation constitutes a separate violation.

- Requires the AHCA to adopt rules to implement the Act.
- Provides an effective date of July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

CS/SB 988 may have an indeterminate negative fiscal impact on providers that are required to establish new visitation protocols, potentially screen visitors or provide protective equipment to visitors, notify clients and their family members or caregivers of their visitation rights, or pay fines for noncompliance under the provisions of the bill or of AHCA rules adopted pursuant to the bill.

C. Government Sector Impact:

The AHCA has indicated that CS/SB 988 will have the following fiscal impact:

The AHCA would need a total of 42 full-time equivalent (FTE) positions and adequate funding to accomplish the provisions of this bill. Typically, state licensure programs for health facilities are funded by licensure fees.

It is estimated there will be approximately 16,816 licensed entities that serve clients as defined in 408.803(6), F.S. Each of those facilities would be required to develop

alternative visitation policies and submit them by January 1 of each year. Violations of the policies would be reported to the AHCA for investigation. Staff would be needed to review and approve the policies, inspect providers for violations and handle legal actions that result from violations.

Rules would need to be drafted to provide guidance on the alternative visitation policies and over 16,800 policies will need to be reviewed and approved. The AHCA anticipates that a dedicated unit would need to be created to handle the workload. The unit would consist of one Health Services & Facilities Consultant Supervisor - SES to serve as the manager, two Program Administrators to serve as supervisors, 14 Health Services & Facilities Consultants to conduct the review of the policies and process recommended sanctions for violations, and two Administrative Assistants to handle the administrative and clerical duties for the unit.

Facilities' General Counsel currently issues between 1,300 and 1,500 administrative complaints each year. The potential additional legal cases surrounding visitation policies alone, assuming 30 percent non-compliance rate across all provider types combined, would double the number of administrative complaints that would need to be issued. This would require six additional senior attorneys.

It is estimated there will be approximately 2,500 additional complaints a year related to this legislation, based on the number and types of facilities impacted, as well as consumer education via the AHCA website. If a single surveyor could do approximately 150 complaints a year, then 17 additional survey positions would be required. This takes into account time for staff training, travel to and from facilities for survey, report writing, and leave time. Based on the allocation of facilities throughout the state, 13 positions would be Registered Nurse Specialists and four would be Health Facility Evaluators.

The bill directs that the AHCA dedicate a webpage on its website to explain visitation rights and how to report any violations. It also directs providers to submit visitation procedures annually to the AHCA for review. These will need to be electronically stored. A system for submission, review, and tracking for revisions, and approval will need to be developed. It is estimated this new system will cost \$357,240.00 to develop and implement.

The estimated total fiscal impact for implementation of this bill is \$3,254,940.00 for year one and \$ 2,676,788.00 - for each recurring year.¹⁰

VI. Technical Deficiencies:

None.

¹⁰ Supra n. 9.

VII. Related Issues:

Lines 92-98 of CS/SB 988 allow providers to implement infection control protocols for visitors to ensure the health and safety of its clients, but the bill limits such protocols to passing a health screening and wearing PPE. It is possible that the allowable infection control protocols may not be sufficient in certain extreme situations. It may be advisable to allow for some flexibility in the types of infection control protocols that are allowable under the bill.

Lines 99-104 of CS/SB 988 require each provider to submit its visitation policies to the AHCA for approval. Lines 70-74 of the bill refer to a provider developing “alternate visitation protocols” and lines 92-98 of the bill refer to a provider’s “infection control protocols.” As these protocols may be developed in emergency situations, it is unclear whether these protocols would be required to be submitted to, and approved by, the AHCA. It may be advisable to clarify what protocols and policies must be submitted for approval.

VIII. Statutes Affected:

This bill creates section 408.823 of the Florida Statutes.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on January 13, 2022:

The CS clarifies that only providers that admit clients to their facilities or that serve clients as residents in their facilities are required to allow visitation.

- B. **Amendments:**

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/13/2022	.	
	.	
	.	
	.	

The Committee on Health Policy (Garcia) recommended the following:

Senate Amendment (with title amendment)

Delete lines 68 - 74
and insert:
during their admission to, or residency at, the provider's facility in accordance with agency rules.

(2) If circumstances require a provider to restrict public access to the facility due to health or safety concerns, the provider must develop alternate visitation protocols that allow visitation to the greatest extent possible while maintaining



870518

11 client health and safety.

12 (3) A provider that admits clients to its facility or
13 serves clients who are residents in the provider's facility must
14 allow in-person visits in all of the

15

16 ===== T I T L E A M E N D M E N T =====

17 And the title is amended as follows:

18 Delete line 5

19 and insert:

20 visitors during their admission or residency at the
21 facility; requiring providers

By Senator Garcia

37-00839-22

2022988__

1 A bill to be entitled
 2 An act relating to patient visitation rights;
 3 providing a short title; creating s. 408.823, F.S.;
 4 requiring providers to allow clients to receive
 5 visitors during their admission; requiring providers
 6 to develop certain alternative visitation protocols if
 7 providers have to restrict public access to their
 8 facilities for health or safety concerns; requiring
 9 providers to allow in-person visits in specified
 10 circumstances; authorizing providers to require
 11 visitors to adhere to specified infection control
 12 protocols; authorizing providers to refuse visitation
 13 to a visitor who does not pass a health screening or
 14 refuses to comply with the provider's infection
 15 control protocols; requiring providers to submit their
 16 visitation policies to the Agency for Health Care
 17 Administration by a specified date for approval;
 18 requiring providers to submit updated policies within
 19 a specified timeframe under certain circumstances;
 20 requiring providers to notify clients and, if
 21 possible, their family members or caregivers of their
 22 visitation rights and provide them with specified
 23 information; requiring the agency to dedicate a
 24 webpage on its website containing specified
 25 information; requiring the agency to investigate a
 26 report of a violation within a specified timeframe;
 27 providing administrative penalties; requiring the
 28 agency to adopt rules; providing an effective date.
 29

Page 1 of 5

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

37-00839-22

2022988__

30 WHEREAS, the COVID-19 pandemic has caused great uncertainty
 31 and anxiety across this state and has significantly affected
 32 patients and residents in health care facilities, and
 33 WHEREAS, health care facilities have made great efforts to
 34 keep patients and employees in a safe environment and have
 35 attempted to minimize, to the extent possible, the risk of
 36 spread of COVID-19, and
 37 WHEREAS, these prevention measures have had many unintended
 38 consequences for patients and residents of these facilities who
 39 were not diagnosed with COVID-19, and
 40 WHEREAS, patients and residents of health care facilities
 41 who were not diagnosed with COVID-19 were prohibited from having
 42 any visitors, including a spouse, parent, close family member,
 43 guardian, health care agent, or caregiver, as a result of COVID-
 44 19 prevention measures, and
 45 WHEREAS, many families have been unable to be physically
 46 present with their loved ones while they were in a hospital,
 47 long-term care facility, or residential treatment setting for
 48 mental illnesses, developmental or intellectual disabilities, or
 49 substance use disorders, and have been limited to electronic
 50 video communications, if any, and
 51 WHEREAS, the patients and residents affected by these
 52 restrictions include adults, minors, and individuals with
 53 intellectual or developmental disabilities, and
 54 WHEREAS, the Legislature finds that it is in the best
 55 interest of the state and its residents that the patients and
 56 residents of health care facilities be allowed visitation by
 57 visitors of their choosing during their hospitalization or
 58 residential treatment, NOW, THEREFORE,

Page 2 of 5

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

37-00839-22

2022988__

59 Be It Enacted by the Legislature of the State of Florida:

60
61 Section 1. This act may be cited as the "No Patient Left
62 Alone Act."

63
64 Section 2. Section 408.823, Florida Statutes, is created to
65 read:

66 408.823 Client visitation rights.—

67 (1) A provider shall allow clients to receive visitors
68 during their admission in accordance with agency rules.

69 (2) If circumstances require a provider to restrict public
70 access to the facility due to health or safety concerns, the
71 provider must develop alternate visitation protocols that allow
72 visitation to the greatest extent possible while maintaining
73 client health and safety.

74 (3) A provider must allow in-person visits in all of the
75 following circumstances:

76 (a) End-of-life situations.

77 (b) A client who was living with his or her family before
78 recently being admitted to the provider's facility is struggling
79 with the change in environment and lack of physical family
80 support.

81 (c) A client is grieving the loss of a friend or family
82 member who recently died.

83 (d) A client needs cueing or encouragement to eat or drink
84 which was previously provided by a family member or caregiver,
85 and the client is experiencing weight loss or dehydration.

86 (e) A client who used to talk and interact with others is
87 experiencing emotional distress, is seldom speaking, or is

37-00839-22

2022988__

88 crying more frequently than he or she did previously.

89 (f) Any other circumstance the agency deems appropriate.

90 (4) To ensure the health and safety of clients, a provider
91 may require visitors to adhere to infection control protocols,
92 including passing a health screening and wearing personal
93 protective equipment while on the premises of the provider's
94 facility. A provider may refuse visitation if the visitor does
95 not pass a health screening or refuses to comply with the
96 provider's infection control protocols.

97 (5) Providers shall submit their visitation policies to the
98 agency by January 1 each year for approval. If the agency finds
99 any provision of a provider's visitation policy deficient or not
100 in compliance with this section or the agency's rules, the
101 provider must submit an updated policy conforming such provision
102 within 30 days after the agency's notice.

103 (6) Providers must notify clients and, if possible, their
104 family members or caregivers of their visitation rights under
105 this section and provide them with the contact information for
106 the agency and the link to the dedicated webpage on the agency's
107 website specified in subsection (7).

108 (7) The agency must dedicate a webpage on its website to
109 explain visitation rights authorized under this section and
110 provide a method for individuals to report violations of this
111 section to the agency. The agency shall investigate a report of
112 a violation within 30 days after receiving the report.

113 (8) A violation of this section or the rules adopted
114 pursuant hereto constitutes a class III violation as specified
115 in s. 408.813. If a provider does not correct a violation in the
116 time specified by the agency or repeats a violation, the agency

37-00839-22

2022988__

117 must impose an administrative fine of at least \$500 per
118 violation. Each occurrence and each day that the violation
119 continues constitutes a separate violation.

120 (9) The agency shall adopt rules to implement this section.

121 Section 3. This act shall take effect July 1, 2022.



The Florida Senate

Committee Agenda Request

To: Senator Manny Diaz, Jr., Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: January 5, 2022

I respectfully request that **Senate Bill 988**, relating to Patient Visitation Rights, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in cursive script that reads "Ileana Garcia".

Senator Ileana Garcia
Florida Senate, District 37



2022 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION

BILL NUMBER:	SB 988
BILL TITLE:	Patient Visitation Rights
BILL SPONSOR:	Senator Garcia
EFFECTIVE DATE:	July 1, 2022

COMMITTEES OF REFERENCE

1) Health Policy
2) Appropriations Subcommittee on Health and Human Services
3) Appropriations
4)
5)

CURRENT COMMITTEE

Health Policy

SIMILAR BILLS

BILL NUMBER:	HB 987
SPONSOR:	Representative Shoaf

PREVIOUS LEGISLATION

BILL NUMBER:	
SPONSOR:	
YEAR:	
LAST ACTION:	

IDENTICAL BILLS

BILL NUMBER:	
SPONSOR:	

Is this bill part of an agency package?

Y ___ N ___

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	11/24/2021 - For additional information, please contact Patrick Steele at (850) 412-3615
LEAD AGENCY ANALYST:	Bernard E. Hudson
ADDITIONAL ANALYST(S):	Teresa Wooten, Donah Heiberg, Keisha Woods
LEGAL ANALYST:	
FISCAL ANALYST:	

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

This bill creates the “No Patient Left Alone Act”. It requires providers to allow their clients to receive visitors during their time in the facility. Providers must develop alternative visitation protocols that will allow clients to receive visitors in person under certain circumstances if they must restrict public access due to health or safety concerns. Visitors must adhere to infection control protocols and may be refused visitation if they do not pass a health screening or refuse to comply with infection control protocols.

Visitation policies created by providers must be submitted to the Agency for Health Care Administration (Agency) for review and approval. If the policies are found to be deficient, they must update and resubmit the policy within 30 days of notification from the Agency. Every client and if possible, their family member or caregiver must be notified of their visitation rights.

The Agency is required to have a dedicated webpage that will explain visitation rights as required by the bill and offer a method for individuals to report violations. Violations reported to the Agency must be investigated within 30 days of receiving the report. If a provider is found to be in violation, it will constitute a Class III violation. If the violation is not corrected within the time specified by the Agency, or the provider repeats the violation, the Agency must impose an administrative fine of at least \$500 per violation. Each occurrence and each day that the violation continues constitutes as a separate violation. The Agency must adopt rules to implement this section.

The bill would require providers such as health care clinics, home health agencies, or abortion clinics that do not provide inpatient or residential services to establish visitation policies. Furthermore, this bill requires over 16,800 providers to submit their visitation policies to the Agency by January 1 each year and the Agency to review and approve all visitation policies. The Agency would need a total of 42 full-time equivalent (FTE) positions and adequate funding to accomplish the provisions of this bill. There is no funding identified for the provisions of this bill. The estimated total fiscal impact for implementation of this bill is \$3,254,940.00 for year one and \$2,676,788.00 - for each recurring year.

The Agency announced the lift of state limitations on long-term care facility visitation and provided answers to frequently asked questions in March 2021. Please see the following Agency alerts: [State Limitations on Long-Term Care Facility Visitation Lifted](#) and [State Limitations on Long-Term Care Facility Visitations Lifted: Frequently Asked Questions](#).

This bill will take effect on July 1, 2022.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Section 408.823, Florida Statutes (F.S.) is created and titled Client visitation rights. Pursuant to s. 408.803(6), F.S., client means any person receiving services from a provider listed in s. 408.802, F.S. The chart below includes a listing of all the providers as of December 1, 2021, for whom the proposed legislation would be applicable.

Provider Type	Number of Providers*
Assisted Living Facility	3,139
Homemaker and Companion Services	2,958
Health Care Clinic	2,887
Home Health Agency	2,207
Home Medical Equipment Provider	1,185
Nurse Registry	804
Nursing Home	705
Health Care Services Pool	685
Ambulatory Surgical Center	485
Adult Day Care Center	369
Hospital	311
Adult Family Care Home	278
Organ & Tissue Procurement Organization	166
Prescribed Pediatric Extended Care Center	140

Residential Treatment Facility	137
Intermediate Care Facility for the Developmentally Disabled	104
Crisis Stabilization Unit & Short-Term Residential Treatment Facility	59
Abortion Clinic	57
Hospice	51
Birth Center	32
Residential Treatment Center for Children and Adolescents	30
Transitional Living Facility	16
Forensic Toxicology Laboratory	10
Homes for Special Services	1
Total Licensed Providers	16,816

***Data as of 12/1/2021**

As part of the licensure process, none of these providers are currently required to submit any policies and procedures to the Agency for review or approval. Generally, providers are required to establish written policies and procedures that are approved by the governing body or leadership of the provider. These policies and procedures are typically reviewed as part of the initial licensure survey to ensure the provider has established the required policies and procedures. In addition, if concerns arise during a complaint survey, Agency staff would review the facility's policy as necessary for compliance determination. While every residential/inpatient provider is not required to have written policies and procedures specific to visitation, the ability to have visitors is typically covered under the patients/residents' rights for residential or inpatient providers where it would be applicable.

The list below represents the inpatient and residential providers regulated by the Agency where it would be expected that clients have visitors.

Provider Type	Number of Providers*
Assisted Living Facility	3,139
Nursing Home	705
Hospital	311
Adult Family Care Home	278
Residential Treatment Facility	137
Intermediate Care Facility	104
Crisis Stabilization Unit & Short-Term Residential Treatment Facility	59
Hospice	51
Residential Treatment Center for Children and Adolescents	30
Transitional Living Facility	16
Homes for Special Services	1
Total Licensed Providers	4,831

***Data as of 12/1/2021**

Adult Family Care Homes

An Adult Family Care Home (AFCH) is a residential home designed to provide personal care services to individuals requiring assistance. The provider must live in the home and offer personal services for up to five residents. Section 429.85(1)(d), F.S., gives residents the right to visit with any person of his or her choice at any time between the hours of 9 a.m. and 9 p.m. at a minimum. The AFCH provider, staff, and relief person are required to have training in universal precautions. Written infection control policies and procedures are not required in an AFCH. The AFCH provider is responsible for observing, recording, and reporting any significant changes in the resident's normal appearance, behavior, or state of health to the resident's health care provider, representative, and case manager. Significant changes include a sudden or major shift in behavior or mood; or a deterioration in health status, such as unplanned weight change, stroke, heart condition, or a stage 2 pressure sore.

Assisted Living Facilities

An assisted living facility (ALF) is designed to provide personal care services in the least restrictive and most home-like environment 24 hours a day. These facilities can range in size from one resident to several hundred and may offer a wide variety of personal and nursing services designed specifically to meet an individual's specific needs.

Facilities are licensed to provide routine personal care services under a "Standard" license, or more specific services under the authority of "Specialty" licenses. ALFs meeting the requirements for a Standard license may also qualify for Specialty licenses. The purpose of Specialty licenses is to allow individuals to "age in place" in familiar surroundings that can adequately and safely meet their continuing healthcare needs.

Section 429.28(1)(d), F.S., gives residents the right to visit with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Additionally, upon request, the ALF must make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. ALFs are required to develop their own written infection control policies and procedures. The Agency does not approve any ALF's infection control policies or procedures. ALFs are only required to obtain semi-annual weights on residents for whom they are assisting with the activities of daily living. ALF providers are also required to maintain a written record, updated as needed, of any significant changes to a resident, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

Nursing Homes

Nursing homes provide 24 hour a day nursing care, case management, health monitoring, personal care, nutritional meals, and special diets, physical, occupational, and speech therapy, social activities, and respite care for those who are ill or physically infirm. There is specific state and federal guidance regarding visitation. Section 400.022(1)(b), F.S., states that a resident has the right to private and uncensored communication which would include visiting with any person of the resident's choice during visiting hours and overnight visitation. The facility's visitation hours shall be flexible. Title 42 Code of Federal Regulation (CFR) 483.10(f)(4), further states that the resident has the right to receive visitors of his or her choosing at the time of his or her choosing subject to their right to deny visitation and in a manner that does not impose on the rights of another resident. The facility must provide immediate access to a resident by immediate family and other relatives. The facility is required to have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitations. Pursuant to Title 42 CFR 483.10(f)(4)(vi), facilities must inform each resident or resident representative of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights. The resident's visitation privileges cannot be restricted, limited, or denied based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. The Centers for Medicare & Medicaid Services revised the Survey and Certification memo QSO-20-39-NH on November 12, 2021, to reflect that visitation is allowed for all residents at all times.

Homes for Special Services

Homes for Special Services is a site licensed prior to 1/1/2006 where specialized health care services are provided, including personal and custodial care but not continuous nursing services. This provider does not currently have any statute or rule language that governs visitation.

Intermediate Care Facilities for the Developmentally Disabled

Intermediate Care Facilities for the Developmentally Disabled provide care and residence for individuals with developmental disabilities. A developmental disability is a disorder or syndrome that is attributable to retardation, cerebral palsy, autism, spina bifida, or Prader-Willi Syndrome that manifests before the age of 18 and constitutes a substantial handicap that can reasonably be expected to continue indefinitely. Title 42 CFR 483.20, requires the provider to ensure clients have the opportunity to communicate, associate and meet privately with individuals of their choice. The facility should also promote visits by individuals with a relationship to the client at any reasonable hour, without prior notice, consistent with the right of that client's and other clients' privacy.

Transitional Living Facilities

Transitional Living Facilities (TLF) assist persons with spinal cord injuries and head injuries to achieve a higher level of independent functioning in daily living skills. Currently, Chapter 400.9975(1), F.S., requires TLFs to ensure that each client has unrestricted private communication and visits with any person of the client's choice. The facility is also required, upon request, to modify visiting hours for caregivers and guests. Chapter 400.9975(2) F.S., requires TLF's to promote visits by persons with a relationship to the client at any reasonable hour, without requiring prior notice, in any area of the facility that provides direct care services to the client, consistent with the client's and other client's privacy, unless the interdisciplinary team determines that such visit would not be appropriate. The term "reasonable hour" is not defined in this section. The interdisciplinary team consists of the case manager, the program director, the advanced practice registered nurse, and appropriate therapists. Chapter 400.9975(2), F.S., also requires the facility to promote opportunities for the client to leave the facility for visits, trips, or vacations.

Hospices

Hospices are entities that provide a continuum of palliative and supportive care for the terminally ill patient and patient's family. Federal regulations require them to provide physical space for private and family visiting, accommodations for family members to remain with the patient throughout the night and the opportunity for patients to receive visitors at any hour, including infants and small children.

Hospitals

Hospitals currently have federal regulations that require written policies and procedures regarding visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reason for the clinical restriction or limitation. The hospital must inform patients or support persons, where appropriate, of the visitation rights and include any clinical restrictions or limitations, and the right to receive and to withdraw visitors whom the patient designates. The visitation shall not be restricted or limited based on color, national origin, religion, sex, gender identity, sexual orientation, or disability. Hospitals shall ensure all visitors enjoy full and equal visitation privileges consistent with patient preferences. There are no state regulations that address visitation in hospitals.

Residential Treatment Facilities and Residential Treatment Centers for Children and Adolescents

Residential Treatment Facilities and Residential Treatment Centers for Children and Adolescents are required to have visitation policies and procedures which allow for visits from family members and others when such visits do not interfere with treatment activities. The policies shall be provided to residents and family with updates when changes occur.

Crisis Stabilization Units

Crisis Stabilization Units are required to have visiting hours posted and provided to residents and families at admission. Exceptions will be based on the needs of the residents and visitors shall minimize interruption of the treatment schedules.

2. EFFECT OF THE BILL:

This bill will require approximately 16,816 providers licensed under Chapter 408, Part II, F.S., to develop alternative visitation protocols that will allow clients to receive visitors in-person under certain circumstances if they have to restrict public access due to health or safety concerns. The circumstances that would require in-person visitation are:

- a) End-of-life situations.
- b) A client who was living with family before admission and is struggling with the change in environment and lack of physical family support.
- c) A client who is grieving the loss of a friend or family that recently died.
- d) A client that needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver, and the client is experiencing weight loss or dehydration.
- e) A client that used to talk and interact with others is experiencing emotional distress, is seldom speaking, or is crying more frequently than they did previously.
- f) Any other circumstance the Agency deems appropriate.

The provider may require visitors to adhere to infection control protocols. If the visitor does not pass a health screening or refuses to comply with infection control protocols, they may be refused visitation. The details of the provider's visitation policies must be submitted to the Agency by January 1 of each year for approval. If the provider is found to not be in compliance with this act or Agency rules, they must update their policy to comply with the requirements. This submission must be done within 30 days of the Agency's notice that the policy was deficient. The visitation policies will need to be electronically stored and a method/system for submission, review, and tracking for revisions and approval will need to be developed.

Each provider must notify every client and if possible, their family member or caregiver of their visitation rights, contact information for the Agency and a link to the dedicated webpage established by the Agency. The dedicated webpage must explain visitation rights as authorized per the act and provide a method for individuals to report violations to the Agency. If a violation is reported, the Agency has 30 days to investigate. Violations of the act or Agency rules constitute a Class III violation. If the provider does not correct the violation in the time specified or repeats the violation, the Agency must impose an administrative fine of at least \$500 per violation. For the purposes of this act, each occurrence and each day that the violation continues constitutes a separate violation.

Between 9/1/2020 and 11/10/2021, there were 386 visitation complaints filed against nursing homes, assisted living facilities and hospitals in Florida. Based on the inclusive list of providers included in this legislation, along with the

consumer education required on the Agency website, it is estimated we would receive approximately 2,500 complaints per year requiring investigation.

The bill would require providers such as health care clinics, home health agencies, or abortion clinics that do not provide inpatient or residential services to establish visitation policies. Furthermore, this bill requires over 16,800 providers to submit their visitation policies to the Agency by January 1 each year and the Agency to review and approve all visitation policies. This creates a workload issue with visitation policies being due to the Agency all at once for all providers. Due to the expected volume, the Agency would not be able to review over 16,800 visitation policies timely, so while providers would be required to submit by January 1 each year, the Agency's review of those visitation policies would continue throughout the year.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y_X_ N__

If yes, explain:	The bill directs the adoption of rules.
Is the change consistent with the agency's core mission?	Y_x_ N__
Rule(s) impacted (provide references to F.A.C., etc.):	59A-35

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS? UNKNOWN

Proponents and summary of position:	Unknown
Opponents and summary of position:	Unknown

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y__ N_X__

If yes, provide a description:	N/A
Date Due:	N/A
Bill Section Number(s):	N/A

6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y__ N_X__

Board:	N/A
Board Purpose:	N/A
Who Appointments:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y__ N_X__

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y N

Revenues:	N/A
Expenditures:	<p>The Agency would need a total of 42 full-time equivalent (FTE) positions and adequate funding to accomplish the provisions of this bill. There is no funding identified for the provisions of this bill. Typically, state licensure programs for health facilities are funded by licensure fees.</p> <p>It is estimated there will be approximately 16,816 licensed entities that serve clients as defined in 408.803(6), F.S. Each of those facilities would be required to develop alternative visitation policies and submit them by January 1 of each year. Violations of the policies would be reported to the Agency for investigation. Staff would be needed to review and approve the policies, inspect providers for violations and handle legal actions that result from violations.</p> <p>Rules would need to be drafted to provide guidance on the alternative visitation policies and over 16,800 policies will need to be reviewed and approved. The Agency anticipates that a dedicated unit would need to be created to handle the workload. The unit would consist of 1 Health Services & Facilities Consultant Supervisor - SES to serve as the manager, 2 Program Administrators to serve as supervisors, 14 Health Services & Facilities Consultants to conduct the review of the policies and process recommended sanctions for violations, and 2 Administrative Assistants to handle the administrative and clerical duties for the unit.</p> <p>Facilities' General Counsel currently issues between 1,300 and 1,500 administrative complaints each year. The potential additional legal cases surrounding visitation policies alone, assuming 30% non-compliance rate across all provider types combined, would double the number of administrative complaints that would need to be issued. This would require 6 additional senior attorneys.</p> <p>It is estimated there will be approximately 2,500 additional complaints a year related to this legislation, based on the number and types of facilities impacted as well as consumer education via the Agency website. Estimating a single surveyor could do approximately 150 complaints a year, 17 additional survey positions would be required. This takes into account time for staff training, travel to and from facilities for survey, report writing and leave time. Based on the allocation of facilities throughout the state, 13 positions would be Registered Nurse Specialists and 4 would be Health Facility Evaluators.</p> <p>The bill directs that the Agency dedicate a webpage on its website to explain visitation rights and how to report any violations. It also directs providers to submit visitation procedures annually to the Agency for review. These will need to be electronically stored. A method/system for submission, review, and tracking for revisions and approval will need to be developed. It is estimated this new system will cost \$357,240.00 to develop and implement.</p>

	<p>The estimated total fiscal impact for implementation of this bill is \$3,254,940.00 for year one and \$ 2,676,788.00 - for each recurring year.</p> <p>See fiscal spreadsheet below.</p>
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	N/A

Non-Recurring Impact:

Expenditures:				
Expense (Agency Standard Expense Package)				
Professional Staff	40.00	@	\$ 4,492	\$ 179,680
Support Staff	2.00	@	4,143	8,286
Total Non-Recurring Expense	42.00			\$ 187,966
Operating Capital Outlay (Agency Standard Operating Capital Outlay Package)				
-	-	@	\$ -	\$ -
-	-	@	-	-
Total Operating Capital Outlay				\$ -
Total Non-Recurring Expenditures				\$ 187,966

Recurring Impact:

Revenues:								
-				\$ -	\$ -	\$ -	\$ -	
-				-	-	-	-	
-				-	-	-	-	
-				-	-	-	-	
Total Recurring Revenues				\$ -	\$ -	\$ -	\$ -	
Expenditures:								
Salaries	Class	Code	FTEs	Pay Grade	Rate			
Health Services & Facility Consultant Supervisor-SES	5895	1.00	426	46,560	\$ 46,560	\$ 46,560	\$ 46,560	
Health Services & Facility Consultant	5894	14.00	24	575,479	854,588	854,588	854,588	
Senior Attorney	7738	6.00	230	310,953	-	-	-	
Administrative Assistant I	0709	2.00	15	54,080	80,309	80,309	80,309	
Program Administrator-SES	5916	2.00	425	87,349	129,714	129,714	129,714	
Registered Nurse Specialist	5294	3.00	75	143,775	213,507	213,507	213,507	
Health Facility Evaluator II	5620	2.00	21	78,116	116,003	116,003	116,003	
Registered Nurse Specialist	5294	10.00	75	454,404	674,791	674,791	674,791	
Health Facility Evaluator II	5620	2.00	21	76,195	113,150	113,150	113,150	
Total Salary and Benefits		42.00		1,826,912	\$ 2,228,620	\$ 2,228,620	\$ 2,228,620	
OPS		FTEs						
-		0.00		\$ -	\$ -	\$ -	\$ -	
-		0.00		-	-	-	-	
-		0.00		-	-	-	-	
-		0.00		-	-	-	-	
Total OPS		0.00		\$ -	\$ -	\$ -	\$ -	
Expenses								
Professional Staff	40.00	@	\$ 6,370	\$ 254,800	\$ 254,800	\$ 254,800	\$ 254,800	
Support Staff	2.00	@	5,258	10,516	10,516	10,516	10,516	
travel				170,000	170,000	170,000	170,000	
Surface Pro				27,999	-	-	-	
Portable Printer				4,947	-	-	-	
Total Expenses				\$ 468,262	\$ 435,316	\$ 435,316	\$ 435,316	
Human Resources Services								
FTE Positions	42.00	@	\$ 306	\$ 12,852	\$ 12,852	\$ 12,852	\$ 12,852	
OPS Positions	0.00	@	96	-	-	-	-	
Total Human Resources Services				\$ 12,852	\$ 12,852	\$ 12,852	\$ 12,852	
Special Categories/Contracted Services								
100777 Contracted Services				\$ 357,240	\$ -	\$ -	\$ -	
-				-	-	-	-	
-				-	-	-	-	
-				-	-	-	-	
-				-	-	-	-	
-				-	-	-	-	
-				-	-	-	-	
Total Special Categories/Contracted Services				\$ 357,240	\$ -	\$ -	\$ -	
Total Recurring Expenditures				\$ 3,066,974	\$ 2,676,788	\$ 2,676,788	\$ 2,676,788	

Total Revenues and Expenditures:

Sub-Total Recurring Revenues	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -
Sub-Total Non-Recurring Expenditures	\$ 187,966	\$ -	\$ -
Sub-Total Recurring Expenditures	3,066,974	2,676,788	2,676,788
Total Expenditures	\$ 3,254,940	\$ 2,676,788	\$ 2,676,788

Net Impact (Total Revenues minus Total Expenditures) **\$ (3,254,940)** **\$ (2,676,788)** **\$ (2,676,788)**

Net Impact (By Fund)

Health Care Trust Fund (2003)	\$ (3,254,940)	\$ (2,676,788)	\$ (2,676,788)
-	-	-	-
-	-	-	-

Net Impact (By Fund) **\$ (3,254,940)** **\$ (2,676,788)** **\$ (2,676,788)**

3. DOES THE BILL HAVE A THE FISCAL IMPACT TO THE PRIVATE SECTOR? Y ___ N x

Revenues:	N/A
Expenditures:	N/A
Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y x N ___

If yes, explain impact.	The bill directs fines for noncompliance of the visitation protocols.
Bill Section Number:	Section 2

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y x N ___

If yes, describe the anticipated impact to the agency including any fiscal impact.	The bill directs a webpage to be dedicated to explaining visitation policies. It also directs providers to submit visitation procedures annually to the Agency for review. These will need to be electronically stored. A method/system for submission, review, and tracking for revisions and approval will need to be developed. It is estimated this new system will cost \$357,240 to develop and implement.
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FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ___ N x

If yes, describe the anticipated impact including any fiscal impact.	N/A
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ADDITIONAL COMMENTS

This bill will require additional Agency staff to implement oversight of these new requirements. Over 16,800 providers will be required to submit their visitation policies for review and approval each year beginning January 1, 2023. This bill does not have language permitting staggering submission of visitation policies and procedures. Presently, the bill requires all providers to submit at one time. The Agency must develop a system for submission of these visitation policies or alter an existing system to allow for such submissions. Information Technology project staff to oversee the development of this system will be needed. A system for tracking providers for compliance will be needed. Rules will need to be written for every affected provider type and a checklist for reviewing each policy for the required elements. Additional Agency staff will be needed to review the visitation policies for every affected provider, including clinical staff, such as registered nurses, to review the infection control aspect of the visitation policy to determine if the policy is clinically sound. Additional field office staff will be needed to handle the workload of complaints that would be filed as the Agency will be given a statutory deadline for completing the investigations related to visitation. Additional attorneys will be needed to handle the legal cases for non-compliant providers. Facilities' General Counsel currently issues between 1,300 and 1,500 administrative complaints each year. The potential additional legal cases surrounding visitation policies alone, assuming 30% non-compliance rate across all provider types combined, would double the number of administrative complaints that would need to be issued. No appropriation for positions or software was allocated in the bill.

It is estimated there will be approximately 2,500 additional complaints a year related to this legislation, based on the number and types of facilities impacted as well as consumer education via the Agency website. Estimating a single surveyor could do approximately 150 complaints a year, 17 additional survey positions would be required. This takes into account time for staff training, travel to and from facilities for survey, report writing and leave time. Based on the allocation

of facilities throughout the state, 13 positions would be Registered Nurse Specialists and four would be Health Facility Evaluators.

It should also be noted that an unintended consequence of this legislation would be the documentation that every provider will need to obtain or create to document the circumstances, behaviors, or conditions of the residents or visitors that warrant the implementation of the provider's visitation policy.

Due to the requirements in this bill (development of a new electronic system, hiring staff, training staff), the Agency would not be able to implement the bill until January 1, 2024.

LEGAL – GENERAL COUNSEL’S OFFICE REVIEW

Issues/concerns/comments:	
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The Florida Senate
APPEARANCE RECORD

988

1/13/22

Meeting Date

Bill Number or Topic

Health Policy

Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name William Stander

Phone 850 212-3250

Address P.O. Box 1042

Email william@williamstander.com

Street

Tallahassee, FL 32302

City

State

Zip

Speaking: For Against Information **OR** Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

FL Life Care Residents Association

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 926
INTRODUCER: Health Policy Committee and Senator Albritton
SUBJECT: Licensure Examinations for Dental Practitioners
DATE: January 14, 2022 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Vanwinkle	Brown	HP	Fav/CS
2.	_____	_____	BI	_____
3.	_____	_____	RC	_____

Please see Section IX. for Additional Information:
PLEASE MAKE SELECTION

I. Summary:

CS/SB 926 revises dental licensure examination requirements for dentists and dental hygienists to require applicants to demonstrate certain clinical skills on a manikin rather than a live patient. The bill deletes the requirement that the dental student possess medical malpractice insurance in amounts not less than the amounts required to take the Florida licensure examinations and to make adequate arrangements for patients who require follow-up care. The bill also repeals the requirement that any person applying to take the practical dentistry or dental hygiene exam in Florida maintain medical malpractice insurance in amounts sufficient to cover any incident of harm to a patient during the examination.

The bill provides an effective date of July 1, 2022.

II. Present Situation:

The Practice of Dentistry

The Board of Dentistry (BOD) regulates the practice of dentistry in Florida, including dentists, dental hygienists, and dental assistants under the Dental Practice Act.¹ A dentist is licensed to examine, diagnose, treat, and care for conditions within the human oral cavity and its adjacent

¹ Section 466.004, F.S.

tissues and structures.² A dental hygienist provides education, preventive, and delegated therapeutic dental services.³

Florida currently uses the American Dental Licensing Examination (ADLEX) and the American Dental Hygiene Licensing Examination (ADHLEX) for its clinical examinations. Both are produced by the American Board of Dental Examiners, Inc. (ADEX),⁴ as the legislatively mandated state licensure examinations for dentists and dental hygienists.⁵ Both clinical examinations are administered by two national testing agencies:

- Commission for Dental Competency Assessments (CDCA).
- Council of Interstate Testing Agencies (CITA).

According to the American Dental Association (ADA) and the ADEX, there are currently four national clinical testing agencies:^{6,7}

- CDCA-WREB (Formerly the Commission for Dental Competency Assessments-Western Regional Examining Board);
- Council of Interstate Testing Agencies (CITA);
- Central Regional Dental Testing Services, Inc. (CRDTS); and
- Southern Regional Testing Agency, Inc. (SRTA).

Delaware administers its own exam while New York requires completion of a one-year residency program for dentists.⁸

Dentists

The requirements for dental licensure in Florida are found in s. 466.006, F.S. An applicant must apply to the Department of Health (DOH) to take and pass the following examinations:

- The ADLEX;⁹ and
- An exam on Florida laws and rules relating to dentistry.

To take the ADLEX clinical examination, a dental applicant must be at least 18 years of age and must:

² Section 466.003(3), F.S.

³ Section 466.003(4) and (5), F.S.

⁴ The American Board of Dental Examiners, Inc. (ADEX) develops both dental and dental hygiene clinical examinations. The first ADLEX exam was produced by the ADEX and administered in 2005; and is now simply called the “ADEX Dental Exam” or the “ADEX Dental Hygiene Exam.” The ADEX does not administer examinations. For clarity purposes, this analysis will continue to refer to American Dental Licensing Examination as the “ADLEX,” the American Dental Hygiene Licensing Examination as the “ADHLEX,” and reserve the abbreviation “ADEX” for the American Board of Dental Examiners, Inc.

⁵ See ss. 466.006(4)(b) and 466.007(4)(b), F.S.

⁶ American Dental Association, *Licensure for Dental Students*, available at <https://www.ada.org/en/education-careers/licensure/licensure-dental-students/licensure-pathways> (last visited Jan. 10, 2022).

⁷ The American Board of Dental Examiners, Inc., ADEX. *What ADEX Does* available at <https://adexexams.org/about-adex/> (last visited Jan. 10, 2022).

⁸ American Dental Association, *Licensure for Dental Students*, available at <https://www.ada.org/en/education-careers/licensure/licensure-dental-students/licensure-pathways> (last visited Jan. 10, 2022).

⁹ Section 466.006, F.S.

- Be a graduate from a dental school accredited by the ADA Commission on Dental Accreditation (CODA) or any other dental accrediting entity recognized by the U.S. Department of Education (DOE); or
- Be a dental student in the final year of a program at an ADA-CODA-accredited dental school who has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations. A passing score on the examination is valid for 365 days; and
- Have passed Parts I and II of the National Board Dental Examination (NBDE), administered by the Joint Commission on National Dental Examinations (JCNDE).¹⁰

Current law requires the ADLEX clinical dental examination to include the following:

- Comprehensive diagnostic skills examination including an examination, clinical diagnosis and treatment planning;
- Two restorations on a live patient or patients;¹¹
- Demonstration of periodontal skills on a live patient;
- Demonstration of prosthetics and restorative skills in complete and partial dentures and crowns and bridges and the utilization of practical methods of evaluation;
- Demonstration of restorative skills on a manikin including procedures performed in preparation for a cast restoration;
- Demonstration of endodontic skills; and
- A diagnostic skills examination demonstrating ability to diagnose conditions within the human oral cavity and its adjacent tissues and structures from photographs, slides, radiographs, or models.¹²

A dental school graduate from a school not accredited by the ADA CODA, a U.S. DOE-recognized dental accrediting entity, or approved by the BOD, and desiring to take the ADLEX, is not entitled to do so unless the applicant:

- Demonstrates completion of a program defined by BOD rule at an accredited American dental school and receives either a D.D.S. or D.M.D. from the school; or
- Submits proof of successful completion of at least two consecutive years at a full-time supplemental general dentistry program accredited by the ADA CODA.

Dental Hygienists

The requirements for licensure as a dental hygienist are found in s. 466.007, F.S. An applicant must apply to the DOH to take the ADHLEX and is entitled to licensure if he or she is 18 years of age or older and has:¹³

¹⁰ American Dental Association, Joint Commission on National Dental Examinations, *About the JCNDE*, available at <https://www.ada.org/en/jcnde/about-us> (last visited Jan. 10, 2022) The Joint Commission on National Dental Examinations (JCNDE) is the agency responsible for the development and administration of the National Board Dental Examinations (NBDE). This 16-member Commission includes representatives from dental schools, dental practice, state dental examining boards, dental hygiene, dental students, and the public.

¹¹ See Fla. Admin. Code R. 64B5-2.013 (2021), which specified the class of restorations required for the clinical examination. It was repealed by the BOD in May 2012, after the clinical examination was transitioned to the ADLEX, because the ADEX had specified the class of restorations required to be performed in the ADLEX.

¹² Section 466.006(5)(a), F.S.

¹³ Section 466.007, F.S.

- Graduated from a dental hygiene college or school that is:
 - Board-approved;
 - Accredited by the ADA CODA or by any other dental accrediting entity recognized by the U.S. DOE;
- Passed the Florida Laws and Rules examination; and
- Passed the ADHLEX examination.

A dentist who is a graduate of an accredited dental college or school or a graduate of an unaccredited dental college or school, may also take the ADHLEX and obtain licensure as a dental hygienist if he or she meets certain additional criteria.¹⁴

Dental and Dental Hygiene Examinations

The Legislature has authorized the BOD to use the ADLEX and the ADHLEX dental exams developed by ADEX in lieu of an independent state-developed practical or clinical examination for both dentists and dental hygienists.¹⁵ Dental licensure is a process every dentist must go through, and, in the United States, licensure requirements vary from state to state. State legislatures and dental boards establish the licensure requirements, including which licensure examinations its prospective licensees must take and pass as evidence of clinical competence for a dental license.

Dentists - The American Dental Licensing Examination (ADLEX)

The ADLEX clinical examination administered by CDCA and the CITA is accepted in 48 states plus Puerto Rico, Jamaica, and the U.S. Virgin Islands.¹⁶ The ADLEX clinical examination is given in two formats:

- The traditional format,^{17,18} and
- The Patient-Centered Curriculum Integrated Format (PC CIF).^{19,20}

The traditional format uses a clinical manikin and patient-based examinations administered in a single sitting at the end of a dental student's senior year by a testing agency or individual state. It is for those students who have elected not to take the PC CIF or for those who have already graduated from dental school.²¹

¹⁴ See s. 466.007 (2)(b)1. and (3), F.S.

¹⁵ See ss. 466.006(4)(b) and 466.007(4)(b), F.S.

¹⁶ The Commission on Dental Competency Assessments, *2021 ADEX Acceptance Maps, Dental*, available at <https://www.cdcaexams.org/ADEX-acceptance-map/> (last visited Jan. 10, 2022). Only Delaware do not accept the ADEX dental examination.

¹⁷ The Commission on Dental Competency Assessments, *Dental (ADEX)*, available at <https://www.cdcaexams.org/dental-exams/> (last visited Jan. 10, 2022).

¹⁸ American Dental Association, *Licensure for Dental Student*, available at <https://www.ada.org/en/education-careers/licensure/licensure-dental-students/licensure-pathways> (last visited Jan. 10, 2022).

¹⁹ *Id.*

²⁰ American Board of Dental Examiners, Inc., ADEX Patient Centered Curriculum Integrated Format (PC CIF), *ADEX* available at <https://ADEXexams.org/wp-content/uploads/2016/06/ADEX-Patient-Centered-Curriculum-Integrated-Format-PC-CIF-2.pdf> (last visited Jan. 10, 2022). The PC CIF format focuses on patient care needs, rather than the candidate's examination. The examination itself is identical to the ADEX Licensing Examination for initial licensure in dentistry.

²¹ *Id.*

The PC CIF is an alternative to the traditional format. The PC CIF option is offered by the CRDTS, CITA, CDCA, and SRTA, but not the WREB. The PC CIF allows dental students to be examined in sections, during the fourth year of dental school. With the PC CIF, the manikin-based clinical examinations are administered late in the junior year or early in the senior year, and the clinical patient-based examinations are administered during the senior year. Only students or graduates of schools accredited by the ADA CODA or the Commission on Dental Accreditation of Canada may take the ADLEX PC CIF clinical examination.²²

All other candidates (including international graduates) must apply through a state's dental board in the state or jurisdiction where they wish to practice for permission to take an examination for licensure only in that state or jurisdiction.

The ADLEX examination series includes computer simulations and clinical examinations performed on patients and manikins and is an Objective Structured Clinical Examination (OSCE).²³ There are five skill-specific components including a high-fidelity computerized OSCE testing a candidate's ability to apply knowledge to the care of patients. The five areas are:

- Diagnostic Skill Examination;
- Restorative – Anterior and Posterior;
- Prosthodontics;²⁴
- Endodontics;²⁵ and
- Periodontal Scaling.

The cost of taking the full dental ADLEX examination is \$2,295 plus ancillary fees.²⁶

Dental Hygienist - The American Dental Licensing Examination (ADHLEX)

The ADHLEX examination is used in Florida and administered by the CDCA and the CITA. The ADHLEX is designed for students about to complete dental hygiene training and graduate dental hygienists. Forty-seven states accept the ADHLEX examination; only Delaware, Georgia, and Nebraska do not.²⁷

²² Section 466.006(2)(b), F.S.

²³ National Institute of Health, US National Library of Medicine, *Oman Med J.* 2011 Jul; 26(4): 219–222, *Objective Structured Clinical Examination: The Assessment of Choice*, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3191703/> (last visited Jan. 10, 2022). The Objective Structured Clinical Examination is a versatile multipurpose evaluative tool that can be utilized to assess health care professionals in a clinical setting. It assesses competency, based on objective testing through direct observation. It is precise, objective, and reproducible allowing uniform testing of students for a wide range of clinical skills. Unlike the traditional clinical exam, the OSCE could evaluate areas most critical to performance of health care professionals such as communication skills and ability to handle unpredictable patient behavior.

²⁴ Prosthodontics is the branch of dentistry concerned with the design, manufacture, and fitting of artificial replacements for teeth and other parts of the mouth.

²⁵ Endodontics is the branch of dentistry concerning dental pulp and tissues surrounding the roots of a tooth. Endodontic treatment, or root canal treatment, treats the soft pulp tissue inside the tooth.

²⁶ See note 18.

²⁷ The Commission on Dental Competency Assessments, 2021 ADEX Acceptance Maps, *Dental Hygiene*, available at <https://www.cdcaexams.org/ADEX-acceptance-map/> (last visited Jan. 10, 2022).

The ADHLEX examination is based on specific performance criteria used to measure clinical competence. There are two skill-specific clinical and simulated clinical OSCE:

- The Computer Simulated Clinical Examination (CSCE-OSCE); and
- The Patient Treatment Clinical Examination (PTCE).²⁸

The CSCE-OSCE exam is designed to assess various levels of diagnosis and treatment planning knowledge, skills, and abilities. Clinically-based questions are utilized through computer-enhanced photographs, radiographs, optical images of study and working models, laboratory data, and other clinical digitized reproductions.²⁹

The PTCE evaluates candidates on their clinical and judgment skills. Clinical skills include:³⁰

- Detection and removal of calculus;
- Accurate periodontal pocket depth measurements;
- Tissue management; and
- Final case presentation.

Judgment skills include:

- Presenting an eligible patient;
- Diagnostic-quality radiographs meeting all examination criteria; and
- An acceptable case selection of teeth that meets all calculus requirements.

The non-patient version of this ADHLEX examination is called the Manikin Treatment Clinical Examination (MTCE).³¹

The cost of taking the full ADHLEX exam, both patient and manikin based, is \$995.³²

III. Effect of Proposed Changes:

CS/SB 926 amends s. 466.006, F.S., confirming that the ADLEX is the practical examination for dentists in Florida and revising the required minimum examination requirements to eliminate the requirement for use of live patient(s) for two restorations, the demonstration of periodontal skill with calculus,³³ and the demonstration of restorative skills, which requires the candidate to complete procedures performed in preparation for a cast restoration. The bill requires the

²⁸ The Commission on Dental Competency Assessments, *Dental Hygiene (ADEX)*, available at <https://www.cdcaexams.org/dental-hygiene-ADEX-exam/> (last visited Jan. 10, 2022).

²⁹ *Id.*

³⁰ See note 28.

³¹ The Commission on Dental Competency Assessments, *Dental Hygiene (ADEX)*, available at <https://www.cdcaexams.org/dental-hygiene-ADEX-exam/> (last visited Jan. 10, 2022).

³² *Id.*

³³ Dental caries is a process of demineralization of tooth enamel, leading to destruction of enamel and dentin, with cavitation of the tooth. Decayed and infected teeth can be the source of other infections throughout the body, and decayed or missing teeth can interfere with proper chewing of food, leading to nutritional deficiencies or disorders of digestion. Called also tooth decay. The Free Medical Dictionary, *Dental Caries*, available at <https://medical-dictionary.thefreedictionary.com/dental+caries> (last visited Jan. 11, 2022).

candidate to use a manikin that has typodont teeth,³⁴ including one with simulated caries, as approved by the CDCA.

The bill amends s. 466.0065, F.S., deleting the requirement that the dental student possess medical malpractice insurance in amounts not less than the amounts required to take the Florida licensure examinations and to make adequate arrangements for patients who require follow-up care as a result of procedures performed during the clinical portion of the regional examination. The bill further deletes the prohibition on including any evidence in a student's academic record suggesting that the student may pose an unreasonable risk to any live patient required for the clinical portion of the examination.

CS/SB 926 amends s. 466.007, F.S., to require that dental hygienists taking the ADEX licensure examination to demonstrate skills within the dental hygiene scope of practice on a manikin that has typodont teeth with simulated caries and calculus as approved by the CDCA, instead of a live patient.

The bill also repeals s 466.075, F.S., which requires any person applying to take the examination to practice dentistry or dental hygiene in this state to maintain medical malpractice insurance in amounts sufficient to cover any incident of harm to a patient during the clinical examination.

The bill provides an effective date of July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

³⁴ A typodont is a model of the oral cavity, including teeth, gingiva, and the palate. A typodont is an educational tool for dental and hygienist students, allowing them to practice certain dental procedures on the plastic teeth of a model before actually performing the procedures on live patients. The Free Medical Dictionary, *Topodont*, available at <https://medical-dictionary.thefreedictionary.com/typodont> (last visited Jan. 11, 2022).

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The bill will probably reduce the cost of taking the licensure examinations for both dentists and dental hygienists as many often must pay patients large sums to show up for the examinations.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 466.006, 466.0065, and 466.007.

This bill repeals section 466.0075 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on January 13, 2022:

The CS makes technical corrections to the bill relating to required demonstration of a prospective dentist's periodontal skills, by replacing "caries" with "calculus," and makes a technical correction to a prospective hygienist's required demonstration of skills, by adding "calculus" to those requirements.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/13/2022	.	
	.	
	.	
	.	

The Committee on Health Policy (Albritton) recommended the following:

Senate Amendment

Delete lines 41 - 118
and insert:
has typodont teeth with simulated calculus as approved by the
Commission on Dental Competency Assessments ~~live patient~~;

4. A demonstration of prosthetics and restorative skills in complete and partial dentures and crowns and bridges and the utilization of practical methods of evaluation, specifically including the evaluation by the candidate of completed



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11 laboratory products such as, but not limited to, crowns and
12 inlays filled to prepared model teeth;

13 5. A demonstration of restorative skills on a manikin
14 ~~mannequin~~ which requires the candidate to complete procedures
15 performed in preparation for a cast restoration;

16 6. A demonstration of endodontic skills; and

17 7. A diagnostic skills examination demonstrating ability to
18 diagnose conditions within the human oral cavity and its
19 adjacent tissues and structures from photographs, slides,
20 radiographs, or models pursuant to rules of the board. If an
21 applicant fails to pass the diagnostic skills examination in
22 three attempts, the applicant is ~~shall~~ not ~~be~~ eligible for
23 reexamination unless she or he completes additional educational
24 requirements established by the board.

25

26 The department shall require a mandatory standardization
27 exercise for all examiners prior to each practical or clinical
28 examination and shall retain for employment only those dentists
29 who have substantially adhered to the standard of grading
30 established at such exercise.

31 Section 2. Paragraphs (c), (e), and (j) of subsection (2)
32 of section 466.0065, Florida Statutes, are amended to read:

33 466.0065 Regional licensure examinations.—

34 (2) Each school of dentistry in this state which is
35 accredited by the Commission on Accreditation of the American
36 Dental Association or its successor agency may, upon written
37 approval by the Board of Dentistry, offer regional licensure
38 examinations only to dental students in the final year of a
39 program at an approved dental school, if the board has approved



703644

40 the hosting school's written plan to comply with the following
41 conditions:

42 ~~(c) The student must possess medical malpractice insurance~~
43 ~~in amounts not less than the amounts required to take the~~
44 ~~Florida licensure examinations.~~

45 ~~(c) Adequate arrangements, as defined by the regional~~
46 ~~examination body and as otherwise required by law, must be made,~~
47 ~~when necessary, for patients who require followup care as a~~
48 ~~result of procedures performed during the clinical portion of~~
49 ~~the regional examination. The regional examination body must~~
50 ~~inform patients in writing of their right to followup care in~~
51 ~~advance of any procedures performed by a student.~~

52 ~~(j) The student's academic record must not include any~~
53 ~~evidence suggesting that the student poses an unreasonable risk~~
54 ~~to any live patients who are required for the clinical portion~~
55 ~~of the regional examination. In order to protect the health and~~
56 ~~safety of the public, the dental school may request additional~~
57 ~~information and documents pertaining to the candidate's mental~~
58 ~~and physical health in order to fully assess the candidate's~~
59 ~~fitness to engage in exercises involving a live patient.~~

60 Section 3. Paragraph (b) of subsection (4) of section
61 466.007, Florida Statutes, is amended to read:

62 466.007 Examination of dental hygienists.—

63 (4) Effective July 1, 2012, to be licensed as a dental
64 hygienist in this state, an applicant must successfully complete
65 the following:

66 (b) A practical or clinical examination approved by the
67 board. The examination shall be the Dental Hygiene Examination
68 produced by the American Board of Dental Examiners, Inc., (ADEX)



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69 or its successor entity, if any, if the board finds that the
70 successor entity's clinical examination meets or exceeds the
71 provisions of this section. The board shall approve the ADEX
72 Dental Hygiene Examination if the board has attained and
73 continues to maintain representation on the ADEX House of
74 Representatives, the ADEX Dental Hygiene Examination Development
75 Committee, and such other ADEX Dental Hygiene committees as the
76 board deems appropriate through rulemaking to ensure that the
77 standards established in this section are maintained
78 organizationally. The ADEX Dental Hygiene Examination or the
79 examination produced by its successor entity is a comprehensive
80 examination in which an applicant must demonstrate skills within
81 the dental hygiene scope of practice on a manikin that has
82 typodont teeth with simulated caries and calculus as approved by
83 the

By Senator Albritton

26-00972A-22

2022926__

1 A bill to be entitled
 2 An act relating to licensure examinations for dental
 3 practitioners; amending s. 466.006, F.S.; revising
 4 licensure examination requirements for dentists to
 5 require applicants to demonstrate certain clinical
 6 skills on a manikin rather than a live patient;
 7 amending s. 466.0065, F.S.; revising requirements for
 8 regional licensure examinations offered by dental
 9 schools to dental students; amending s. 466.007, F.S.;
 10 revising licensure examination requirements for dental
 11 hygienists to require applicants to demonstrate
 12 certain clinical skills on a manikin rather than a
 13 live patient; repealing s. 466.0075, F.S.; deleting a
 14 requirement that applicants for dental practitioner
 15 licensure examinations maintain medical malpractice
 16 insurance to cover any incident of harm to a patient
 17 during the clinical examination; providing an
 18 effective date.

19
 20 Be It Enacted by the Legislature of the State of Florida:

21
 22 Section 1. Paragraph (a) of subsection (5) of section
 23 466.006, Florida Statutes, is amended to read:

24 466.006 Examination of dentists.—

25 (5) (a) The practical examination required under subsection
 26 (4) ~~is shall be~~ the American Dental Licensing Examination
 27 developed by the American Board of Dental Examiners, Inc., or
 28 its successor entity, if any, provided the board finds that the
 29 successor entity's clinical examination complies with the

Page 1 of 5

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

26-00972A-22

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30 provisions of this section, and ~~must shall~~ include, at a
 31 minimum:

32 1. A comprehensive diagnostic skills examination covering
 33 the full scope of dentistry and an examination on applied
 34 clinical diagnosis and treatment planning in dentistry for
 35 dental candidates;

36 2. Two restorations on a manikin that has tyodont teeth
 37 with simulated caries as approved by the Commission on Dental
 38 Competency Assessments ~~live patient or patients~~. The board by
 39 rule shall determine the class of such restorations;

40 3. A demonstration of periodontal skills on a manikin that
 41 has tyodont teeth with simulated caries as approved by the
 42 Commission on Dental Competency Assessments ~~live patient~~;

43 4. A demonstration of prosthetics and restorative skills in
 44 complete and partial dentures and crowns and bridges and the
 45 utilization of practical methods of evaluation, specifically
 46 including the evaluation by the candidate of completed
 47 laboratory products such as, but not limited to, crowns and
 48 inlays filled to prepared model teeth;

49 5. A demonstration of restorative skills on a manikin
 50 ~~mannequin~~ which requires the candidate to complete procedures
 51 performed in preparation for a cast restoration;

52 6. A demonstration of endodontic skills; and

53 7. A diagnostic skills examination demonstrating ability to
 54 diagnose conditions within the human oral cavity and its
 55 adjacent tissues and structures from photographs, slides,
 56 radiographs, or models pursuant to rules of the board. If an
 57 applicant fails to pass the diagnostic skills examination in
 58 three attempts, the applicant ~~is shall~~ not be eligible for

Page 2 of 5

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

26-00972A-22 2022926__

59 reexamination unless she or he completes additional educational
60 requirements established by the board.

61
62 The department shall require a mandatory standardization
63 exercise for all examiners prior to each practical or clinical
64 examination and shall retain for employment only those dentists
65 who have substantially adhered to the standard of grading
66 established at such exercise.

67 Section 2. Paragraphs (c), (e), and (j) of subsection (2)
68 of section 466.0065, Florida Statutes, are amended to read:

69 466.0065 Regional licensure examinations.-

70 (2) Each school of dentistry in this state which is
71 accredited by the Commission on Accreditation of the American
72 Dental Association or its successor agency may, upon written
73 approval by the Board of Dentistry, offer regional licensure
74 examinations only to dental students in the final year of a
75 program at an approved dental school, if the board has approved
76 the hosting school's written plan to comply with the following
77 conditions:

78 ~~(e) The student must possess medical malpractice insurancee
79 in amounts not less than the amounts required to take the
80 Florida licensure examinations.~~

81 ~~(e) Adequate arrangements, as defined by the regional
82 examination body and as otherwise required by law, must be made,
83 when necessary, for patients who require followup care as a
84 result of procedures performed during the clinical portion of
85 the regional examination. The regional examination body must
86 inform patients in writing of their right to followup care in
87 advance of any procedures performed by a student.~~

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88 ~~(j) The student's academic record must not include any
89 evidence suggesting that the student poses an unreasonable risk
90 to any live patients who are required for the clinical portion
91 of the regional examination. In order to protect the health and
92 safety of the public, the dental school may request additional
93 information and documents pertaining to the candidate's mental
94 and physical health in order to fully assess the candidate's
95 fitness to engage in exercises involving a live patient.~~

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97 466.007, Florida Statutes, is amended to read:

98 466.007 Examination of dental hygienists.-

99 (4) Effective July 1, 2012, to be licensed as a dental
100 hygienist in this state, an applicant must successfully complete
101 the following:

102 (b) A practical or clinical examination approved by the
103 board. The examination shall be the Dental Hygiene Examination
104 produced by the American Board of Dental Examiners, Inc., (ADEX)
105 or its successor entity, if any, if the board finds that the
106 successor entity's clinical examination meets or exceeds the
107 provisions of this section. The board shall approve the ADEX
108 Dental Hygiene Examination if the board has attained and
109 continues to maintain representation on the ADEX House of
110 Representatives, the ADEX Dental Hygiene Examination Development
111 Committee, and such other ADEX Dental Hygiene committees as the
112 board deems appropriate through rulemaking to ensure that the
113 standards established in this section are maintained
114 organizationally. The ADEX Dental Hygiene Examination or the
115 examination produced by its successor entity is a comprehensive
116 examination in which an applicant must demonstrate skills within

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117 the dental hygiene scope of practice on a manikin that has
118 typodont teeth with simulated caries as approved by the
119 Commission on Dental Competency Assessments ~~live patient~~ and any
120 other components that the board deems necessary for the
121 applicant to successfully demonstrate competency for the purpose
122 of licensure.

123 Section 4. Section 466.0075, Florida Statutes, is repealed.

124 Section 5. This act shall take effect July 1, 2022.



The Florida Senate

Committee Agenda Request

To: Senator Manny Diaz, Jr., Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: December 30, 2021

I respectfully request that **Senate Bill #926**, relating to Licensure Examinations for Dental Practitioners, be placed on the:

- committee agenda at your earliest possible convenience.
- next committee agenda.

A handwritten signature in blue ink, appearing to read "Ben Albritton".

Senator Ben Albritton
Florida Senate, District 26

From: [Liebert, Andrew](#)
To: [Brown, Allen](#)
Cc: [Denson, Tori](#)
Subject: SB 926 presentation
Date: Thursday, January 13, 2022 10:13:36 AM
Attachments: [image001.png](#)

Allen,

To follow up on my previous email Sen Bean will be presenting SB 912 in Sen Albritton's absence.

Andrew Liebert

Legislative Aide to Senator Ben Albritton
Senate District 26
150 North Central Avenue
Bartow, Florida 33830
850-487-5026 – Office
239-595-5990 – Cell



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The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

1/13/22

Meeting Date

Health Policy

Committee

SB 926

Bill Number or Topic

703644

Amendment Barcode (if applicable)

Name Alexandra Abboud

Phone 850-224-1089

Address 118 E. Jefferson Street

Email aabboud@floridadental.org

Street

Tallahassee FL 32301

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Dental Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

1/13/22

Meeting Date

Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

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Senate professional staff conducting the meeting

SB 926

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Leslie Dughi**

Phone

Address **119 South Monroe Street**

Street

Email **Leslie.Dughi@mhdfirm.com**

City

State

Zip

Speaking: For Against Information

OR

Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Dental Hygienists' Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

The Florida Senate

APPEARANCE RECORD

926

1/12/22

Meeting Date

Bill Number or Topic

Health Policy
Committee

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Phillip Suderman

Phone

Address

Email

Street

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Americans for Prosperity

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to Senate professional staff conducting the meeting

1/13/22

Meeting Date

Health Policy

Committee

SB 926

Bill Number or Topic

Amendment Barcode (if applicable)

Name Alexandra Abboud

Phone 850-724-1089

Address 118 E Jefferson Street

Email abbaa@floridadental.org

Street

Tallahassee FL 32301

City

State

Zip

Speaking: For Against Information OR Waive Speaking: In Support Against

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

Florida Dental Association

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11,045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flisenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Finance and Tax, *Vice Chair*
Appropriations Subcommittee on Education
Appropriations Subcommittee on Transportation,
Tourism, and Economic Development
Community Affairs
Health Policy
Military and Veterans Affairs, Space,
and Domestic Security

JOINT COMMITTEE:

Joint Legislative Auditing Committee

SENATOR JANET CRUZ

18th District

January 12, 2022

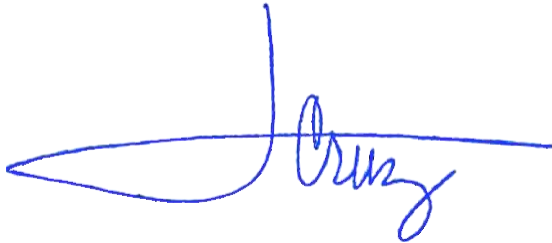
The Honorable Manny Diaz, Jr., Chair
Committee on Health Policy
530 Knott Building
404 South Monroe Street,
Tallahassee, FL 32399-1400

Dear Chair Diaz,

I respectfully request an excused absence from the Committee on Health Policy meeting scheduled for January 13, 2022. My mother is currently in the hospital and I will not be able to attend the scheduled committee meeting.

Please let me know if I may be of any further assistance with this request.

Respectfully,



Senator Janet Cruz

District 18

REPLY TO:

- 210A S. MacDill Avenue, Tampa, Florida 33609 (813) 348-1017 FAX: (888) 263-3681
- 216 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5018

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

SENATOR BEN ALBRITTON

26th District

January 13, 2022

Senator Diaz,

Please consider this letter a request for Sen. Albritton to receive an excused absence from today's Health Policy Committee meeting.

Best regards,

A handwritten signature in blue ink, appearing to read "Ben Albritton".

Sen. Ben Albritton

District 26

COMMITTEES:

Appropriations Subcommittee on Agriculture,
Environment, and General Government, *Chair*
Children, Families, and Elder Affairs, *Vice Chair*
Appropriations
Children, Families, and Elder Affairs
Environment and Natural Resources
Health Policy
Regulated Industries
Rules

JOINT COMMITTEE:

Joint Administrative Procedures Committee,
Alternating Chair

REPLY TO:

- 150 North Central Avenue, Bartow, Florida 33830 (863) 534-0073
- 410 Taylor Street, Suite 106, Punta Gorda, Florida 33950 (941) 575-5717
- 314 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5026

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Children, Families, and Elder Affairs, *Chair*
Regulated Industries, *Vice Chair*
Appropriations
Appropriations Subcommittee on Health and
Human Services
Health Policy
Rules

JOINT COMMITTEE:

Joint Legislative Budget Commission

SENATOR LAUREN BOOK

32nd District

January 13, 2022

Chair Manny Diaz, Jr.
Committee on Health Policy
530 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Diaz:

I am writing to you to be excused from the Committee on Health Policy meeting that was held today at eleven o'clock. I sincerely apologize for any inconvenience this may have caused.

Thank you for your consideration. Please feel free to contact me at (850) 487-5032 if you have any questions.

Kindest Regards,

A handwritten signature in cursive script that reads "Lauren Book".

Senator Lauren Book
Minority Leader
Florida Senate, District 32

cc: Allen Brown, Staff Director
Tori Denson, Administrative Assistant

REPLY TO:

- 967 Nob Hill Road, Plantation, Florida 33324 (954) 424-6674
- 228 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5032

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Health Policy Committee

Judge:

Started: 1/13/2022 11:03:40 AM

Ends: 1/13/2022 11:29:03 AM

Length: 00:25:24

11:03:39 AM Meeting called to order by Chair Diaz
11:03:47 AM Roll call quorum is present
11:04:02 AM Chair Diaz states that Senator Albritton and Senator Cruz are excused from today's meeting.
11:04:39 AM Tab 3 by Senator Burgess
11:04:54 AM SB 890 CPR training
11:05:02 AM Senator Burgess explains the bill
11:05:15 AM No questions on the bill
11:05:43 AM Senator Burgess waives close
11:06:22 AM Roll Call on SB 890 Favorable
11:06:37 AM Tab 2 Senator Hooper SB 532
11:06:55 AM Senator Hooper explains bill
11:07:20 AM No questions on the bill
11:07:44 AM Senator Hooper waives close on SB 538
11:08:14 AM Roll call shows favorable on SB 538
11:08:34 AM Tab 1 SB 466 by Senator Torres
11:08:52 AM Amendment 521082 by Senator Torres
11:09:19 AM Amendment adopted
11:10:04 AM Back on bill as amended
11:10:10 AM No questions on the bill
11:10:15 AM Bob Asztalos speaks on bill
11:10:48 AM Debate
11:11:42 AM Senator Torres closes on bill
11:12:35 AM Roll call on SB 466 Fav/CS
11:13:34 AM Tab 4 Senator Perry SB 806
11:14:26 AM Informal recess
11:14:40 AM Recording Paused
11:14:40 AM Recording Resumed
11:14:40 AM No questions
11:15:34 AM Senator Perry closes on the bill
11:15:47 AM Roll call on SB 806 Favorable
11:16:05 AM Tab 6 SB 988 Senator Bean on behalf of Senator Albritton
11:16:52 AM Senator Bean explains bill
11:17:30 AM 703644 Barcode amendment
11:18:29 AM Technical amendment
11:19:01 AM Amendment adopted
11:19:21 AM Back on bill as amended
11:19:35 AM Debate
11:19:53 AM Senator Bean waives close
11:20:00 AM Roll call on SB 926 Fav/CS
11:20:16 AM Tab 5 by Senator Garcia SB 988
11:20:28 AM Senator Garcia explains bill
11:21:27 AM Amendment 870518 Senator Garcia explains
11:22:27 AM Amendment is adopted
11:22:47 AM Back on bill as amended
11:22:56 AM Senator Powell asks a question
11:23:08 AM Senator Garcia answers
11:23:16 AM Senator Powell has a follow up question
11:24:00 AM Senator Garcia responds
11:24:33 AM Debate
11:24:56 AM Senator Baxley debates
11:26:05 AM No further debate
11:27:04 AM Senator Garcia closes on bill

11:27:12 AM Roll call on SB 988
11:27:51 AM SB 926 Fav/CS
11:28:06 AM Senator Jones asks to be on record voting in the affirmative (yea) on tabs 1, 2, 4, and 6
11:28:25 AM Adopted
11:28:31 AM Chair Diaz closing comments, meeting adjourned